

**UNDERGRADUATE MEDICAL EDUCATION PROGRAM
SELF-EVALUATION REPORT
PREPARATION GUIDE**

Version 5. 2020

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GENERAL INFORMATION

The Self-Evaluation Report (SER) is the main document prepared by the faculty self-evaluation board (or committee), to be taken as a basis for the evaluation of the compliance level of the structure and processes of the educational program for which accreditation is applied, with national standards. In this guide, there are rules to be applied while preparing SER, explanations on the standards, recommendations and the template of SER.

Aim and Objective

The SER preparation process is the most important stage of the accreditation cycle. The SER is the main document to be evaluated by at least three independent referees and then by the National Accreditation Board for Medical Education (UTEAK) panel for the eligibility decision for the site-visit on the program applied for accreditation. While the SER preparation process contributes to the faculty's recognition of their strengths and developmental aspects in their educational program and to initiate improvement processes, under the guidance of national accreditation standards; it can be used for certification, accountability, transparency, cooperation with stakeholders, dissemination and internalization of the quality assurance culture.

SER Preparation

It is necessary to ensure the participation of as many stakeholders as possible in the preparation of SER. The preparation of SER should not be considered as bureaucratic data management, but as a quality development process dependent on the interpretation of data. SER is prepared by the " Self-Evaluation Board", which is formed as a permanent board in the faculty of which minimum number and characteristics are given below. Participation and transparency in the work of the Self- Evaluation Board, an inclusive simplicity, impartiality and internal consistency in the SER will make a significant contribution to the evaluation of the program by TEPDAD evaluation panels, and to providing qualified feedback to the faculty.

It is necessary that the information in the different parts of the SER be consistent, have a semantic integrity, and use a smooth and understandable language.

Self- Evaluation Board

The Self- Evaluation Board should be established as a permanent and continuously working committee. Our experience shows that the representation of students from all classes in the Self-Evaluation Board and all in the education-related boards and commissions, the former deans and vice deans, and the hospital management positively affect the process of SER and the outcome.

However, the minimum requirement is to have at least 11 members with the following characteristics in the board. The reports of the faculties that cannot fulfill this condition will not be evaluated.

1. Dean / Deputy Dean
2. Self-Evaluation Coordinator (Must be an experienced faculty member who has worked as a coordinator in the educational processes in the faculty.
3. Students - at least three students who can represent the preclinical, clinical and internship years
4. Graduate (general practitioner / family physician)
5. Lecturer - At least three faculty members representing various stages of the academic career, preferably one from Basic, Internal and Surgical Sciences, who have worked and are experienced in the education planning, management and evaluation of the faculty
6. Resident
7. General Secretary (who knows the educational background)

Content

SER should be prepared according to the template given in this guide in order to provide the necessary information for the qualitative and quantitative evaluation of the educational program by UTEAK, and should consist of the following sections, including all required information and documents.

Cover

Introduction

Contents

List of tables and figures

Section I. General introduction of the faculty

Part II. Self-Evaluation Board

Section III. SER Preparation Process

Section IV. SER Summary

Section V. Evaluations on meeting national standards for undergraduate medical education

1. Aims and objectives

2. The structure and content of the training program

3. Evaluation of students

4. Students

5. Program evaluation

6. Academic staff

7. Infrastructure and opportunities

8. Organizing, managing and executing

9. Continuous renewal and development

Section VI. Attachments list

SER Format

While preparing the SER, the specified format must be strictly followed.

1. In SER writing, 12 fonts (Times New Roman, Arial, Calibri, etc.), should be used, and line spacing should 1.5..

2. A4 size should be used on the vertical axis. The SER can be printed on both sides of the paper.
3. SER should be bound in hard cardboard, and the expression “..... university medical faculty Turkish/English Education Program Self-Evaluation Report (year)” should be written on the cover.
4. SER should be prepared in such a way that it is limited to the number of pages that can be collected in a single volume, excluding its annexes. Detailed information and documents should be attached to the report, and the links of those who have electronic access should be hyperlinked in the electronic format of the report.

Delivery and Distribution of SER

If no other delivery method or date has been reported, the faculty, must submit the SER by the end of the working hours of the first working day of September of the year in which the application is made as;

- 4 (four) hard copies of SER
- 1 (one) hard copy of the annexes
- PDF electronic copy of SER and its annexes are saved in 4 (four) separate memory sticks and delivered to TEPDAD Secretariat. The applicant faculty is informed about the delivery date of the SER and the status of the received SER and its annexes, if there is any deficiency or format incompatibility, it is requested to complete it within 30 days.

English Medical Education Programs applying for accreditation are required to submit the additional documents and answers to the questions defined in the last part of this guide, together with the SER and its annexes, to the TEPDAD Secretariat.

TEPDAD Secretariat Correspondence Address
Kzım Dirik Mah Ankara Caddesi Doktorlar Sitesi A Apt No 231/2
35100 Bornova-İzmir

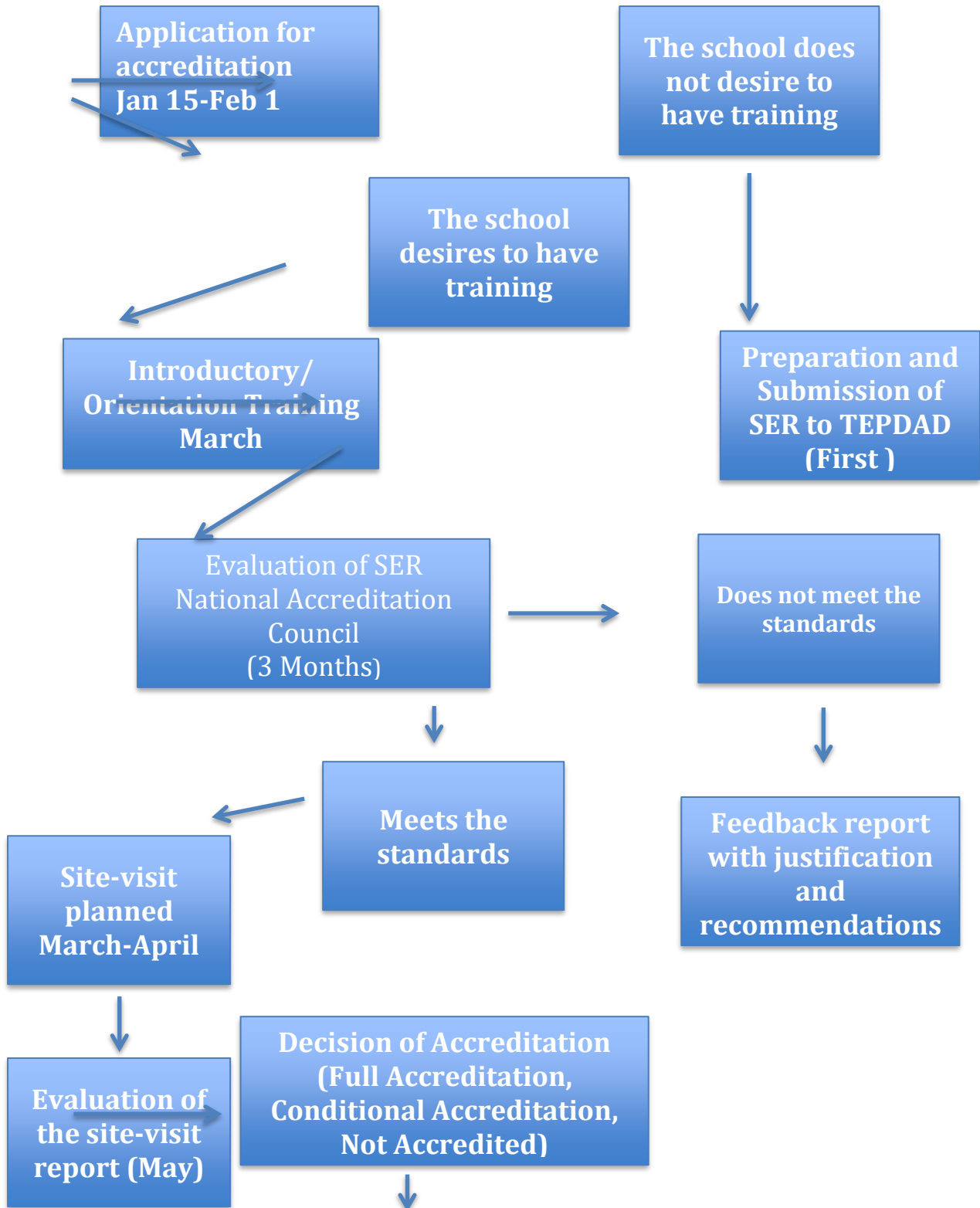
If it is decided to evaluate the faculty education program with a site-visit after the evaluation of SER, additional copies of the report and its annexes will be requested from the faculty to be delivered to the visiting team members.

Privacy

The information contained in the SER is only for TEPDAD's use in the application process. It cannot be shared with third parties without the permission of the relevant institution. However, the name of the institution can be kept confidential and the information used in TEPDAD trainings and/or publications.

ACCREDITATION PROCESS

The accreditation process is conducted according to the following chart:



**Final report with
recommendations
(June)**

**SELF-
TEMPLATE**

EVALUATION REPORT

Cover

The following information must be included on the cover.

- University, Name of Faculty, Curriculum and language applied for accreditation [eg. University Faculty of Medicine Education Program (Turkish)]
- Application Year and Faculty Address

If the prepared SER is a revised report in line with TEPDAD feedback, this situation should be stated next to the year on the cover (eg R1) and the TEPDAD letter should be referred to by giving the date and number as a reference (eg revised within the framework of the TEPDAD YK letter dated 01.03.2018 and numbered 18).

Contents

A table of contents similar to the one in this manual should be prepared in a format that is stated in on both sides of the page. Page numbers should start from the table of contents.

Tables and Figures list

All tables and figures in the report should be numbered with the number of the subheading of the section or standard in which they are included, followed by their order in the report, and should be named briefly. (For example, Table II.1. Faculty Self-Evaluation Committee, Table 5.1.2. Academic Achievement Status of Students in the Last Three Years, Figure 5.1.1. Program evaluation system cycle). Tables and figures should be shown in two separate lists and page numbers should be given.

Section I. General Introduction of the Faculty

In this section, first of all, the following information about the general characteristics of the faculty should be given.

- Name of the university
- Rector's name and surname
- Name, address, contact information of the faculty
- Dean's name and contact information (phone, fax number and e-mail address)
- Name, surname and contact information of the self-evaluation coordinator (phone, fax number and e-mail address)

In addition, the educational dynamics in the faculty (program, history, previous accreditation status, philosophy, environments, etc.) are briefly described.

Section II. Self- Evaluation Board

A list of Self- Evaluation Committee (board) members should be given in this section. The list should include the members' name, surname, title, department, institution commission membership (eg, member of the assessment and

evaluation board), membership status in the board (eg representative of basic medical sciences faculty member), if any, administrative duty (eg chief physician). The minimum specifications given in the manual should be included.

Section III. SER Preparation Process

Under this heading, summarize how the SDR preparation process in the faculty was carried out, in the framework given below, accompanied by a history. You can give the meeting minutes in the appendices.

- creation of the committee
- working systematic and methods used
- access to data sources and data security
- student, faculty participation
- Relations with TEPDAD
- other contributions and supports*

* If the institution received consultancy support from a person or institution other than UTEAK/TEPDAD during the SER preparation process, it should explain from whom or from which institution and how it received this support.

Section IV. Self- Evaluation Summary

In this section, first of all, separate one or two paragraphs for each of the 9 main headings and express your evaluations on the state of meeting the standards. Provide a holistic summary of your faculty education program meeting the National Standards for Undergraduate Medical Education, not exceeding three (3) pages, adding your strengths and areas for improvement in the main heading.

The Self- Evaluation summary should be prepared after completion of Section V (Statements on meeting national standards for undergraduate medical education) and should reflect the essence of Section V.

Section V. Remarks on meeting national standards for undergraduate medical education

In this Section; In line with the explanations given in the frame below, review your status of meeting all the basic and developmental standards given in the following pages and make your relevant self-evaluation as described and exemplified.

Main Title: Nine main titles that integrate the standard groups. It is given with a single number between 1-9 (eg 5. PROGRAM EVALUATION)

Subtitle: These are the titles under nine main titles and clustered under basic and development standards. It is numbered with two digits. (eg 1.2. Purpose and objectives of the training program)

Basic Standard (BS): These are the standards that must be met “absolutely” by the program that wants to be accredited. BS is numbered with the relevant sub-heading number and the sequence number of the standard. (eg BS.2.1.4. It included elective programs and independent working hours at every stage)

Development Standard (DS): These are the standards aimed at improving the quality of the pre-graduate education program, which, if met, are a high quality indicator. DS. is numbered in italic format with the relevant subheading number and the sequence number of the standard. (eg DS. 8.3.1. It should have structured the service provided in hospitals used for clinical education in an education-oriented framework)

Explanations: These are general information about what the standards in the relevant sub-title mean. Explanations on development standards are given separately and in italics.

Additional documents and evidence: Examples of documents and evidence recommended for use to prove the sub-headings of a standard are met.

Definitions: Explanatory information about the concepts in bold in the standards and explanations given at the end of this section in alphabetical order.

Sample tables: These are the table examples in which the faculty data regarding the standards are summarized and the relevant standard is expected to be presented in the explanation text in the SER.

The preparation principles and recommendations for this section, which is the main section of the SER, are given below.

1. First, indicate whether you meet the standard for all basic and development standards for each sub-title, and explain what you base your evaluation on in the text, supporting with tables and graphics when necessary, and giving the evidence. In the event that there is no work done in the faculty

4.1. Approach to student selection, intake and number Basic Standards

Medical school must;

BS.4.1.1. Determine the number of students to be admitted taking into account the objectives, structure, features, institutional human power and infrastructure of the educational program

related to a basic or developmental standard, information should be given in that direction. A sample self-evaluation text for the basic standard 4.1.1 is provided below

2. Our school has been determining the number of students that it can provide the most efficient education with a systematic analysis since 2008. In this analysis, the faculty workforce required by our curriculum model, the educational resources per student are used as the main independent variables and the calculation is made. The results of the analysis we conducted between 2008 and 2013 were published in our faculty journal in 2014 (Annex. BS.4.1.1./1.Faculty student capacity analysis article).

Accordingly, a quota of 120 students was requested in 2008, and in our last request, it was determined that a maximum of 90 students could be admitted due to the developments in the ten-year period and the starting of an English program with 40 students at the faculty. Our analysis report is submitted to the university administration at the end of March every year (Annex. BS.4.1.1./2. 2018 student quota request letter).

In line with these explanations, the documents and evidence presented in the appendix, we believe of our educational program meets this standard (BS.4.1.1).

3. Evaluations and explanations such as "the attached document shows that this standard is met", "there is an application regarding this standard", "we have this system in our institution", "our training program meets the standard (annex. 5.1.1)" are not acceptable. Instead answering the questions of What?, Why?, Where?, How?, How much? is expected where the details of the structural situation and the functions of the relevant process are explained.

4. After your assessment, explanation, illustration and evidence for all basic and developmental standards, briefly summarize your explanations under the subheading. 5.1. A sample self-evaluation text for the subtitle is given below.

(SAMPLE) BS. 5.1. Structure of the program evaluation system

In our program evaluation system, which was started in 2004 and revised in 2010 and 2014, student feedback is collected by 1) student surveys at the end of the course and internship, 2) the report of the student representative at the end of the year. Feedback is collected from faculty members through year-end surveys. The success of the students is regularly monitored by the joint work of the term coordinators and the student affairs office, and the prepared course, internship and year-end success follow-up tables are shared with the curriculum committee and the program evaluation board. Student and instructor feedback and success monitoring tables are brought together, interpreted by our program evaluation board, turned into a report, and presented first at the faculty education commission and then at the end-of-year program evaluation workshop. Details of the system and examples of necessary documents and proofs BS.5.1.1 and BS 5.1.2. given below. As such, we think that the basic standards under this heading are met for our program.

5.1. Structure of program evaluation system Basic Standards

Program evaluation system must;

BS.5.1.1. Include feedback from students and faculty members which are regularly taken, analyzed and reported,

BS.5.1.2. Include regular monitoring and evaluation of student performance.

4.Examples of tables that you can use in explanations are in the last section of the SER preparation guide. Use these tables and other figures, graphics and tables that summarize the data you will develop and provide a superior perspective in the text. BS. 4.6.1. A sample table for the subtitle of national and international exchange opportunities is given below.

(SAMPLE) Table 4.6.b. National and International Student and Faculty Exchange

Years	Students (n)		Faculty Members (n)	
	Incoming	Outgoing	Incoming	Outgoing
2014-2015	8	12	0	2
2015-2016	8	12	1	1
2016-2017	12	12	1	1
2017-2018	20	24	4	6
2018-2019	28	34	4	2
Total	76	94	10	12

5. Arrange all kinds of written, visual, etc. materials of high quality evidence, such as minutes, reports, with dates and signatures that you want to present as a basis for your explanation as appendices. In the description of the standard, take the number of the relevant standard in the display of the annexes that provide evidence and give a document name that reflects its content in order to show what this annex is. For example, BS.1.1.1. Display of the 3rd annex of the standard “Annex BS 1.1.1/3. It should be in the form of “Lists describing the aims and objectives of the school” and should be stated in parentheses in the text. If Annex BS 1.1.1/3, which is presented as evidence, is to be used for any standard under the main heading of the structure and content of the Educational Program, it should be shown with the same number and name in the text and should not be included in the appendices again. In the electronic form of the report, the appendices must be linked in a digital way that can be accessed by clicking on them (hyperlink). If the same suffixes are used in different sections, take the notation in the first use as a basis.

When determining your evidences use the value determination matrix in the appendix list which is in Section VI.

6. Pay attention to the consistency of your explanations and the information in different parts of the report, the integrity of information and the use of a smooth and understandable language.

1. AIMS AND OBJECTIVES

The aims and objectives of the education program are the most decisive component of the program carried out in the institution. It is necessary for the medical school to have goals and objectives in order to ensure social accountability

1.1. Institutional goals

Basic Standards

The institutional aims of the medical school must;
BS.1.1.1. Take into account the social obligations of the school,
BS.1.1.2. Include the elements of education, research and service separately,
BS.1.1.3. Be defined with broad participation, shared with the internal stakeholders and society.

1.2. Aims and objectives of the educational program

Basic Standards

The aims and objectives of the educational program must be;
BS.1.2.1. Compatible with Turkey Higher Education Qualifications Framework, the National Core Curriculum and include the graduation competencies/outcomes to full fill their roles and responsibilities in the community,
BS.1.2.2. Defined for years/program phases and associated with graduation aims / competencies / competences / outcomes
BS.1.2.3. Defined with wide participation of internal stakeholders and be known to its constituency,
BS.1.2.4. Updated regularly,
BS.1.2.5. Utilized in education and teaching processes.

Development Standards

The medical faculty is in the process of defining its goals and objectives should;
DS.1.2.1. Take the contributions and opinions of external stakeholders
DS.1.2.2. Consider the aims of objectives of International medical education

2. STRUCTURE AND CONTENT OF THE EDUCATIONAL PROGRAM

The educational program, which is a contract between school-society-student; a structure that is consistent with scientific basis of education and that will achieve the educational goals and objectives to meet the health needs of the community.

Under this heading, the structure and content of the training program; the standards harmonizing purpose, content and structure, and transformation into learning-teaching activities are covered.

2.1. The structure of the educational program

Basic Standards

The educational program must;
BS.2.1.1. Define the structure and the teaching methods used in general and for all stages of the program and shared with all the stakeholders,
BS.2.1.2. Include learner-centered educational practices at every stage,
BS.2.1.3. Be integrated horizontally and vertically ,
BS.2.1.4. Include electives and independent study hours at every stage,
BS.2.1.5. Include educational activities that take place in health institutions and in the community outside the tertiary level.
BS.2.1.6 Design the online/distance learning and teaching activities to be compatible with the outcomes of the program, and their operation should be

defined within the framework of a directive and carried out with the support of appropriate equipment, infrastructure and manpower.

Development Standards

Educational program should;

DS.2.1.1. Include behavioural sciences, social sciences and humanities in the program integration

DS.2.1.2. Ensure confrontation of the students with the patients, community health problems and needs at the early stage of the program

DS. 2.1.3. Include community based educational activities at all stages

DS. 2.1.4. Include medical electives in all stages

DS. 2.1.5 Include components and activities aimed at providing students with a continuous professional development and lifelong learning attitude,

DS 2.1.6 Include non-medical electives

2.2. The content of the educational program

Basic Standards

The content of the educational program must;

BS. 2.2.1. Be structured to meet the goals and objectives defined at every level / year or phase,

BS.2.2.2. Ensure compliance with the current national core curriculum and show this with a systematic analysis,

BS.2.2.3. Include behavioral and social sciences as well as medical humanities,

BS.2.2.4. Provide learning opportunities by using scientific principles and methods to develop skills such as analytical, critical thinking and evaluation, problem solving, and decision making,

BS.2.2.5. Ensure learning opportunities that will encourage students to participate in scientific research and gain experience,

BS.2.2.6. Provide opportunities to obtain understanding and skills to work in a team,

BS.2.2.7. Include elements to prepare the graduates for postgraduate training and working conditions,

BS. 2.2.8 Plan social and community based projects or educational activities in which the students can take responsibility.

Development Standards

Training program content should;

DS.2.2.1. Include evidence based medicine practices,

DS.2.2.2 Provides students with the opportunity to learn and gain experience in electronic patient information management and decision support systems,

DS.2.2.3. Give the students an inter-professional perspective in the provision of health services and practice.

3. ASSESSMENT OF STUDENTS

Assessment methods; content, form, timing, and consequences of their use, are important components of the program that directs the students to reach their educational goals and objectives.

Under this heading standards for planning and implementation of assessment practices to guide students and faculty are defined.

3.1. Assessment applications

Basic Standards

The methods and criteria used for assessment must be;

BS.3.1.1. Determined according to the years or phases of the program, published and shared with students and faculty members,

BS.3.1.2. Compliant with aims and learning objectives and validated,

BS.3.1.3. Planned and implemented to support learning.

Development Standards

Assessment of students should;

DS.3.1.1. Be continuously improved using innovative methods and following new developments in the field,

DS.3.1.2. Evaluate the utility of assessment practices

4. STUDENTS

Students are the main subject of education. Individual and social opportunities that meet the needs of the learners, a learning climate that provides professional ethics and intellectual developments as well as academic developments that offer opportunities are required. It is important that students participate actively in all processes related to the planning, implementation and evaluation of learning experiences.

Under this heading, standards are set for student-related regulations in order to create a learning climate that supports learning and development.

4.1. Approach to student selection, intake and number

Basic Standards

Medical school must;

BS.4.1.1. Determine the number of students to be admitted taking into account the objectives, structure, features, institutional human power and infrastructure of the training program

4.2. Duties and responsibilities of students

Basic Standards

Medical school must;

BS. 4.2.1. Define and make known the duties and responsibilities of the studentBS in preclinical period of the program,

BS. 4.2.2. Define and make known the duties and responsibilities of the students in clinical clerkship and internship period.

4.3. Student representation

Basic Standards

The medical school must

BS.4.3.1. Define and establish an institutional system that will provide qualified and effective student representation in all the structures and processes related to education and training.

4.4. Counseling services for students

Basic Standards

The medical school must;

BS.4.4.1. Define and establish an academic and social counseling system and demonstrate its functionality.

Development Standards

The medical school should,

DS.4.4.1. Provide accessible psychological counseling and guidance services,

DS.4.4.2. Provide methods / activities to assist in career planning for the students

4.5. Social, cultural, and sports facilities

Basic Standards

The medical school must;

BS.4.5.1. Provide social, cultural, sports facilities and equal access opportunities for the students.

Development Standards

The medical school should;

DS.4.5.1. Encourage interaction of the students with the instructors in social, cultural, and sports activities,

DS.4.5.2. Facilitate the student access to resources that provide economic support according to their needs.

4.6. National and international exchange opportunities

Basic Standards

The medical school must;

BS.4.6.1. Provide students national and international exchange opportunities and give administrative and economic support within a specific plan and policy framework,

4.7. Create a continuous and regular communication system with students

Basic Standards

The medical school must;

BS.4.7.1. Provide the students with an environment of continuous and regular interaction using up-to-date communication tools and methods.

5. PROGRAM EVALUATION

Program evaluation; includes data collection, analysis and evaluation of all the components of the training program and its results in a pre-determined manner, with the aim to use them for program development. This requires a continuous monitoring and development process for evaluation.

Under this heading, the structure of the program evaluation system and the standards for the use of its results are defined.

5.1. Structure of program evaluation system

Basic Standards

Program evaluation system must;

BS.5.1.1. Include feedback from students and faculty members which are regularly taken, analyzed and reported,

BS.5.1.2. Include regular monitoring and evaluation of student performance.

Development Standards

The program evaluation system should;

DS.5.1.1. Include monitorization and evaluation of all components of the program,

DS.5.1.2. Include external evaluation methods and processes.

5.2. Use of program evaluation results

Basic Standards

Program evaluation results must;

BS.5.2.1. Be regularly assessed and reported,

BS.5.2.2. Be shared with the academic staff and students,

BS.5.2.3. Be used in the development and improvement of the program.

6. ACADEMIC STAFF

The characteristics of the academic staff are the most important determinants of the quality of the training program.

Under this heading are defined standards for the creation of a qualified academic staff and the promotion of their development.

6.1. Academic Staff Policy

Basic Standards

The medical school must;

BS.6.1.1 Demonstrate that it has the academic staff structure suitable for the workload required in different periods, processes and activities in relation to the application characteristics of the training program,

BS.6.1.2. Define and monitor the duties and responsibilities of the academic staff in relation of the educational program with the fields of study and academic level,

BS.6.1.3. Selection, appointment and promotion should be based on methods and meritorious criteria that ensure equal opportunity, taking into account academic excellence.

Development Standards

The medical school in the selection, appointment and promotion of teaching staff should;

DS.6.1.1. Define additional criteria in the field of education in addition to university's selection, appointment and academic promotion criteria

6.2. Continuing professional development of academic staff

Basic Standards

The medical school must;

BS.6.2.1. Offer faculty development programs implemented in a planned and institutional framework to improve the quality of the educational program,

BS.6.2.2. Plan professional development activities at an institutional framework constantly,

BS.6.2.3. Support the faculty members to participate in faculty development programs and other individual continuing professional development activities and monitor their contribution and participation

Development Standards

Medical school should;

DS.6.2.1. Provide administrative and economic support in an institutional framework for participation in professional development activities for the faculty members,

DS.6.2.2. Constantly monitor and evaluate the professional development of the faculty members,

DS.6.2.3. The medical school should assess the effectiveness of educational development programs and ongoing professional development programs carried out in the institution.

7. INFRASTRUCTURE AND OPPORTUNITIES

Implementation of the training program in the planned manner requires appropriate infrastructure and opportunities.

Under this heading the standards are defined for the components of the infrastructure that need to be in place.

7.1. Infrastructure and educational facilities

Basic Standards

The school, in accordance with the structure, characteristics and number of students of the training program must,

BS.7.1.1. Have adequate numbers of lecture halls, classrooms, seminar rooms, student laboratories for large and small groups

BS.7.1.2. Provide study areas besides , social areas and other areas and facilities reserved for student use,

BS.7.1.3. Provide library and information access facilities via internet or other electronic media,

BS.7.1.4. Provide clinical training environments that enable students to gain sufficient experience in medical knowledge, skills and practice,

BS.7.1.5. Provide facilities such as classrooms, seminar rooms, areas dedicated to student use during the clinical training at the hospital,

BS.7.1.6. Provide the environment for students, academic and administrative staff, patients and their relatives at the hospital,

BS.7.1.7. Have made arrangements for disabled students to meet their needs and access.

Development Standards

Medical School should;

DS.7.1.1. Have a training program devoted to institutional collaboration protocols to provide learning opportunities in the community,
DS.7.1.2. Have simulated / standardized patients for learning and evaluation opportunities,
DSA. 7.1.3. Provide a research infrastructure for students, with opportunities for all students to plan, implement and share the results of research that they can participate individually or in a team.

7.2. Financial resources

Basic Standards

Medical faculty must;

BS.7.2.1. Create financial resources and use the resources effectively to sustain, evaluate, develop and improve the educational program, infrastructure and opportunities.

8. ORGANIZATION, MANAGEMENT AND EXECUTION

Ensuring the desired result of educational programs requires proper organization to fit the program structure.

Under this heading the standards defined are for educational organization, management staff and components for executive processes.

8.1. Organization

Basic Standards

The medical school must;

BS.8.1.1. Establish an organizational structure in accordance with the educational program and define its authorities, duties and responsibilities with proper institutional regulations,

BS.8.1.2. Define the mutual duties and responsibilities of the administrators and instructors, relations with the training hospitals and other units where education is maintained,

BS.8.1.3. Define institutional structures that provide administrative, technical and secretarial support to education management, organization and operational processes,

BS.8.1.4. Define education and training-related regulations and practices which includes competent and functional medical education units and benefit from the knowledge and experience of the experts in medical education .

8.2. Governance

Basic Standards

The Dean of medical school, must;

BS.8.2.1 Be a graduate of the medical school with experience in education and management.

Development Standards

The medical school should;

DS.8.2.1. Have the majority of the executive staff who are medical school graduate, has educational and management experience,

DS.8.2.2. Provide faculty development programs for the members who would take tasks related to educational management.

8.3. Executive

Basic Standards

Medical school must;

BS.8.3.1. Have autonomy to organize training programs in line with the institutional aims and objectives, to establish and implement relevant legislation,
BS.8.3.2. Establish a system of regular records and archives that documents the decisions and processes related to education.

BS. 8.3.3 Define strategies to ensure that education is continued in extraordinary situations

Development Standards

Medical School should;

DS. 8.3.1. Structure the training in the hospital in a framework focused on education.

9. CONTINUOUS RENEWAL AND IMPROVEMENT

It is necessary for the schools to have a system that supports continuous renewal and improvement.

Under this heading, standards regarding the qualifications of priority areas and mechanisms that require continuous renewal and improvement are defined.

9.1 Continuous Renewal and Development Mechanism

Basic Standard

The continuous renewal and development mechanism related to education must be;

BS.9.1.1. Associated with the institutional goals and plans of the faculty,

BS.9.1.2. Structured as a continuous institutional and functional format,

9.2. Continuous Renewal and Development Areas

Basic Standard;

In the context of the needs of the society, the developments in the field of education and the characteristics of the students, and the program evaluation, the continuous renewal and development activities of the medical school must;

TS.9.2.1. Include the aims and objectives of the training programs,

TS.9.2.2. Include teaching, training and assessment methods and practices,

TS.9.2.3. Include the physical infrastructure and opportunities,

TS.9.2.4. Cover the renewal and development

Section VI. Attachment's list

Appendices - Documents such as minutes and reports with dates and signatures that support the evaluation text that the national standards for undergraduate medical education are met, as evidenced by the examples given in the guide.

Naming the annexes should be done as described in this guide, hyperlinking

them to reach by clicking in the electronic copy of the SER, creating a list and placed in Section VI of the report.

The annexes preferred by the institution to be included in the self-evaluation report and the meaningful association of these annexes with the text is extremely important for the readability and comprehensibility of the report.

A matrix that determines the value of evidence has been developed in order to support the identification of attachments and their placement under the right headings with appropriate relations. Additional documents are evaluated in two dimensions called "Impact Level" and "Relevance Level" in the matrix. Each dimension is evaluated at three levels and an evidential value is determined for the additional document in question.

The matrix and explanations regarding the determined impact and interest levels are given below. It is important that the annexes included in the Self-Evaluation Report mostly consist of documents containing "High Evidence Value" and that documents containing "Insufficient Evidence Value" should not be included among the annexes.

Matrix to evaluate the "Impact level" and "Relevance Level"

		Institutional Impact Level		
		1	2	3
İlgili Düzeyi	3	High evidence value		
	2	Low evidence value		
	1	Insufficient evidence value		

Institutional Impact Value		
1	2	3
No evidence that the document shows the institution has taken the decision for implementation, implemented or has been accepted institutionally and has led to a change.	There is evidence that this document shows that the institution has taken the decision for implementation, but has not implemented it and been used effectively	There is evidence that this document shows that the institution has taken the decision for implementation, has implemented it and accepted institutionally and the effect is evaluated.
Relevance Level		
1	2	3

<i>Not related to the topic</i>	<i>Not related but supportive</i>	<i>Directly related to the topic</i>
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DEFINITIONS

Academic merit: Being fit and worthy of all phases of academic life and duties related to teaching, administration and academic evaluation.

Assessment methods: These are measurement-evaluation methods and applications for different learning areas such as knowledge, skills and attitudes.

Clinical training environment: It is a clinical environment that includes education and health services such as polyclinics, wards, operating rooms, emergency rooms, intensive care units with sufficient number and variety of patients, and training spaces such as classrooms, seminar rooms, and libraries.

Competence/Competency/ Advancements (Program Outcomes): These are the basic and clinical knowledge-skills, behavioral and social sciences, human sciences in medicine, forensic medicine, health law, social and ethical values education, which are expected to be possessed by a medical faculty graduate.

Community-based education: It is the approach where learning activities are carried out in the community, not only students, but also educators, community members, representatives of different sectors actively participate in the education experience and benefit from the society in the widest way.

Community-oriented education: It is the regulation of the education program by considering the priority, common and important health problems and needs of the society.

Continuous professional development: It is the education and development period that starts after completing pre-graduate medical education and specialization in medicine and continues throughout the working life of each physician. It covers updating the current professional knowledge in the field of education and medicine in line with the developments.

Elective programs: These are the education programs that are included in the credit load of the program, which students choose to participate in, and which allow students to do more in-depth studies on subjects such as courses, practice, internships, non-medical applications, special study modules.

External components: Parties such as the Ministry of Health, professional organizations (Turkish Medical Association general practitioners commission, specialist associations, etc.), society and other relevant non-governmental organizations.

Evidence-based medicine practices: These are theoretical and practical activities that will improve students' ability to use medical evidence and experiences in the process

of making decisions and solving problems related to health problems and diseases they will encounter.

Faculty development programs: These are the education programs that are organized for the needs of the academic staff in the context of their institutional and academic roles, and are developed with the aim of gaining the educational skills related to the aims and objectives of the education program, teaching strategies, the improvement, execution and evaluation processes of the measurement-evaluation processes.

Horizontal and vertical integration: It is the combination of different disciplines and concepts within the same application slice (horizontal) or between previous and next application slices (vertical) during the organization and implementation of the training program.

Humanities in medicine: It is an interdisciplinary approach that includes human-oriented fields such as literature, history, philosophy, ethics, sociology, anthropology, art, psychology in medicine and medical education.

Independent working hours: These are the working hours defined within the education program that students can use for their academic and social interests

Internal components: Parties such as university administration, faculty management, education-related boards and commissions, faculty members and students.

International medical education aims and objectives: These are the internationally accepted, evidence-based and published objectives and targets by relevant institutions working in the field of medicine.

Institutional goals: These are the gains that the medical faculty tries to achieve in education, research and health care. Medical faculties' institutional goals and objectives regarding education, research and service; define medical education approaches, disease diagnosis and treatment methods, and developments in health care delivery.

Learner-centered education practices: Educational activities such as small group work, problem-based learning sessions, and special study modules that enable students to take responsibility for learning and develop their self-learning skills

Learning climate: Learning climate covers all the variables that affect learning. It is the quality of the learning environment that is perceived by the educator and the students and affects their behavior, and the whole of common behaviors on which it is based. In addition to the training program offered, the learning climate realized in exams, classrooms or bedside activities; The teaching structure is shaped by the administration, the student achievement evaluation system, the services provided to the students, the educational-social activities in which the students participate freely, and the relations of the faculty with its environment. Learning climate, which differs according to institutional characteristics, is an important component of the educational environment.

Lifelong learning: It is a continuous development process that provides an understanding of professional and social knowledge, skills and values that an individual

can apply with confidence, creativity and pleasure in the role he will assume throughout his life, in the situations and environments he will be in.

National Core Curriculum: It is the framework program prepared at the national level, on which medical faculties will base while developing their own education programs.

Role and responsibilities of the physician in the society: It is the physician's responsibility to perform the knowledge, skills and attitudes gained during the medical education process with the competence and competency to meet the expectations of the society in line with professional values.

Simulated patient: A normal person trained to draw an accurate history and examination findings for a particular disease.

Social responsibility projects: These are the activities that are prepared, carried out and sustained on a voluntary basis, without considering individual economic gain, in order to ensure social development and improvement in line with the needs of the society.

Social obligations: It is the obligation of medical faculties to train physicians who comprehend the primary health problems of the society, prevent them, produce solutions, improve health, and intervene in the determinants of health. This concept includes the components of social responsibility, social sensitivity and social reliability (accountability).

Standardized patient: Simulated patients as well as real patients trained to describe their disease in a standardized and unchanging way.

Teamwork: It is the cooperation of each member of health and social profession teams such as physicians, nurses, psychologists, dietitians, midwives, physiotherapists, social workers, etc.

Validity of assessment and evaluation practices: Validity refers to whether a measurement-evaluation tool or method measures the variable to be measured. Validity is a question of degree. It cannot be reduced to a set of statistical values and figures, it can be more or less valid. The validity of an application also depends on the purpose of its use, the group to which it is applied, the method of application and scoring.