



## Self-Study Protocol

### **Introduction**

The Purpose of Accreditation and Self-Study is to certify that a medical education program meets prescribed standards and to promote institutional self-evaluation and improvement. The institutional self-study is central to the accreditation process. In the self-study, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to (1) collect and review data about the medical school and its educational programs, (2) identify institutional strengths and issues requiring action, and (3) define strategies to ensure that the strengths are maintained, and any problems addressed. It may benefit those conducting their first self-study to review the World Federation of Medical Education's pilot study. The self-study is directly linked to the standards for accreditation. The principal questions are: has the institution established its objectives and complied with IAOMC standards? The challenge then is to present the evidence for verification.

The school's committees must assemble institutional data in relation to its mission and international accreditation standards. Next, complete the database, and compile supporting documents. The committees then analyse them and prepare topical reports that form the basis of the institutional summary report. Then the survey team inspects to verify and/or confirm and reports their findings. The Trustee debate and reach the final determination.

The founding medical schools have used some of the worlds most accepted standards, consolidated them, and then proposed the IAOMC standards at a hearing in NYC. Liberal use of the source standards and forms is acknowledged here with appreciation. The world's first Global Standards for application by independent, transparent medical schools was established. In the eternal pursuit of perfection, the challenge to anyone with a better standard or process will always exist. Any written comments to improve these standards should be forwarded to the Executive Director, and they will be considered.

Membership in the International Association of Medical Colleges is open to every medical school found in compliance with the Global standards.

### **1. Self-Study Management/Oversight Committee**

1. Senior institution officials will appoint the members and Chair of the principal formal, independent self-study management/oversight committee. Members will include administrators (academic, fiscal, managerial), department chairs and Chairs of each of the Subject sections (detailed below), junior and senior faculty members, medical students, medical college graduates, faculty members and/or administrators of the general university, representatives of clinical affiliates, and trustees of the medical school/university. Additionally, as may be applicable, the members could include graduate students in the basic biomedical sciences, house staff involved in medical



student education, community physicians, and other groups deemed significant to the medical college's mission.

2. This Committee will serve as the institution's principal accreditation self-study committee. The principal committee chair will be a person familiar with the college's administrative structure, mission, goals, and objectives. They shall be provided to facilities, equipment, data, cooperation, and support staff in as timely a manner as may be required. Each of the seven-accreditation database subjects will have a separate committee: Governance and Administration, Educational Program and Structure, Faculty, Students, Basic Science, Clinical Science and Finances. The Management/oversight committee Chair will have exclusive responsibility to serve as coordinator, provide executive direction, initiate data collection activities, develop a schedule in consultation with each of the Subject committee chairs, provide senior institution officials with time/budget requirements and serve as the contact coordinator with IAOMC. After consultation with the Subject chairs, they will be solely responsible for appointing the members of any subject committee members, administrators, faculty members, students, and others associated with the medical college and its clinical affiliates. They will direct completion of the IAOMC database and attachments and will analyse the database and other compliance documentation, develop self-study subcommittee reports, and synthesise the topical reports into an institutional summary report. The Chair reviews the database, self-study summary report, and other required documents for completeness, accuracy, consistency [internal and external], and currency.

## **2. Standards Subject Review**

1. Senior institution officials will ensure the self-study participants have the time, staff, and financial resources to timely complete their assignments.
2. There should be a general direction to all involved to promote the most efficient systems. Avoid unnecessary time-consuming meetings by utilising emails to exchange ideas and positions. Dedicated conference calls are restricted to those whose input and expertise require their participation. Email voting used by IAOMC and outlined in its bylaws is recommended. No meeting should be held without a detailed agenda and reading materials sent in advance of the meeting. A digest of the meeting transcript should be sent to participants as soon as it can be prepared, and a copy of that transcript should be available to all participants.

## **3. Standards Subject Committees**

1. The basic division of labour will focus first on the Standards Subject Chairs and be kept as streamlined as possible. Each standards subject will have a Subject committee reporting to the Management/oversight committee. A school with multiple clinical



campuses should create a separate subcommittee to review each campus. It would also be helpful to have one or more management/ oversight committee members on each standards subject committee to provide continuity and facilitate communication. Each committee should review the relevant portions of the database and address the questions provided. Committees may need to collect other data germane to their areas of responsibility (e.g., strategic planning documents, benchmark data, etc.). The committee or group that reviews database subjects and standards dealing with medical students should include the independent student analysis in its materials, along with the relevant database sections. All committees should promptly complete their data gathering, analysis, and reporting.

2. Reports The final Subject committee reports should be prepared by the Chair and sent to the Management/Oversight Chair. The Subject reports should be organised around the questions contained in that section in the global accreditation standards. All reports should be thoughtful analyses of each area, based on the combined perceptions and expertise of the committee members. The analyses should lead to conclusions about strengths and challenges (including potential or suspected areas of partial or substantial noncompliance with global accreditation standards, and recommendations for action to alleviate any identified problems. In the event that a consensus cannot be reached, a minority report may be included.

### **Database Subjects:**

- a. Governance and Leadership
- b. Educational Program and Structure (the Curriculum)
- c. Faculty
- d. Students
- e. Basic Science Integrated
- f. Clinical Science (including Public Health and Primary Care) integrated
- g. Finances
- h. Communications (Internal and External)

The qualifications of the Chair of each subject committee will include proven administrative competence, dedication, and expertise in the goals and objectives of the subject under review. The Subject Committee Chair may request authorisation from the Management/Oversight Chair to form a subcommittee to the subject committee. All forms should be completed and returned in accordance with the agreed schedule to the Management/ Oversight Chair, who is responsible for ensuring that they are prepared promptly, accurately, and consistently.



#### **4. Format of The Self-Study Report**

The introduction to the report will provide a brief overview of how the self-study was conducted, including the level of participation by the various sectors of the academic community and the methods for disseminating the findings and summary report of the task force. Include a list of participants as an appendix. Note if the self-study process was incorporated as part of institutional planning or served some other purpose beyond fulfilling requirements for IAOMC accreditation. The time period covered by the data should be clearly indicated and should be consistent throughout (usually the most recent complete academic year).

The responsibility of the Management/oversight committee is to synthesise and summarise the work of the subject committees and prepare the final summary self-study report. This entails considering the committee reports to determine how individual components contribute to the ability of the school to fulfil its objectives and educate its students. For example, several committee reports will address the issues of graduate medical education and resident teaching skills related to medical student training. The summary should combine these into a comprehensive assessment. Areas of strength and weakness from the committee reports should be reviewed and then synthesised to summarise major institutional strengths and problems needing attention. For any identified problem areas, possible solutions and strategies for change should be recommended.

The database likely will have been prepared at least a month before the survey visit, and some parts may need to be updated for the survey team. The team will request current financial information, student enrolment data, educational program changes, and any other significant new information. These updates should be made just before the database is sent to the survey team and IAOMC staff at least one month before the visit.

The final summary report should be sent to both IAOMC President and Secretary, members of the survey team, along with the medical education database, about one month prior to the survey visit. Copies of the individual committee reports should be attached to the report.

## **I. GOVERNANCE AND LEADERSHIP**

### **A. Governance**

1. Describe how institutional priorities are set. Evaluate the success of institutional planning efforts and discuss how planning has facilitated the accomplishment of the school's academic purpose, research prospects, and goals of the clinical enterprise.
2. Evaluate the role of the governance structure in the leadership functioning of the medical school. Is the governance structure appropriate for an institution of this size



and characteristics? Describe any situations that require review by or approval of the school's governing board before taking action.

3. Evaluate the relationship of the medical school to the university and clinical affiliates concerning:
  - a. The effectiveness of the interactions between medical school administration and university administration.
  - b. The cohesiveness of the leadership among medical school administration, health sciences centre administration, and the administration of major clinical affiliate (teaching hospitals, primary care centres and other learning settings)
4. Assess the organisational stability of the medical school administration (dean, dean's staff). Has personnel turnover affected medical school planning or operations? Are the numbers and types of medical school administrators (assistant/associate deans, other dean's staff) appropriate for efficient and effective medical school administration?

#### **B. Academic Environment**

5. Evaluate the graduate program(s) in basic sciences, including involved departments, numbers and quality of graduate students, quality of coursework, adequacy of financial support, and overall contribution to the missions and goals of the medical school. Describe the mechanisms for reviewing the quality of the graduate program(s) in basic sciences and comment on their effectiveness. Assess whether the graduate programs have an impact (positive or negative) on medical student education.
6. Evaluate the impact of residency training programs and continuing medical education activities on the education of medical students. Describe any anticipated changes in graduate medical education programs (numbers of residents, shifts in sites used for training) that may affect the education of medical students.
7. Evaluate the research activities of the faculty (areas of emphasis, level of commitment, quality, quantity (as a percentage of total activities of teaching and research) in the context of the mission and goals of the medical school.
8. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate any trends in the amount of intramural support for research and the level of assistance available to faculty members in securing extramural support.
9. Assess the impact of research activities on the education of medical students, including opportunities for medical students to participate in research.



## **II. EDUCATIONAL PROGRAM**

### **A. Educational Objectives**

10. Indicate the level of understanding of the objectives for the educational program among leaders, faculty members, students, and others in the medical education community. Do the objectives serve as effective guides for educational program planning and for student and program evaluation?
11. Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. Summarise results from any associated outcome measures that demonstrate how well students are being prepared for the next stage of their training.
12. Evaluate the adequacy of patient resources and clinical settings for achieving the school's clinical objectives.

### **B. Structure of the Educational Program**

13. Delineate the mechanisms ensuring that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.
14. Discuss the types and sufficiency of educational activities to promote self-directed learning and the development of the skills and habits of lifelong learning.
15. Evaluate the adequacy of the system for ensuring consistency of educational quality and of student evaluation when students learn at alternative sites within a course or clerkship.
16. Comment on how well all content areas required for accreditation are addressed in the curriculum. Provide evidence that the school monitors the content covered in the curriculum to ensure that gaps or unwanted redundancies do not occur.
17. Evaluate the workload and balance between education and service in the clinical years. Do students receive sufficient formal teaching during their clinical clerkships?
18. Assess the balance between primary care and hospital teaching and the appropriateness of teaching settings for required public health and clinical experiences.



### **C. Teaching and Evaluation**

19. Comment on the adequacy of the faculty supervision of medical students during required clinical experiences and any courses that include simulation, skill labs and computer-based learning. Discuss the effectiveness of efforts to ensure that all individuals who teach, including resident physicians and volunteer faculty members, are trained (or qualified) for their teaching responsibilities.
20. Evaluate the adequacy of methods used to evaluate student attainment of the objectives of the educational program. How appropriate is the mix of testing and evaluation methods? Do students receive sufficient formative assessment in addition to summative evaluations? Discuss the timeliness of performance feedback to students across all academic years.
21. Describe the system for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Evaluate its adequacy and its link to the skills and competencies of each subject of the program. Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed? Special attention should be given to the effect of the increasing role of simulation-based learning.

### **D. Curriculum Management**

22. Assess the adequacy of mechanisms for managing the curriculum and ensuring a coherent and coordinated curriculum. Do you have a curriculum committee? Do the curriculum as a whole and its parts undergo regular, systematic review? Are there sufficient resources (for the associate dean and the curriculum committee) to support the management of the curriculum?
23. Judge the effectiveness of curriculum planning at your institution (relevance, comprehensiveness, equity, and fairness). Describe efforts to ensure appropriate participation in planning and that resources needed to carry out the plans will be available. How effective are the procedures to rectify any problems identified in the curriculum, and individual courses and clerkships? Describe and evaluate.
24. For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to assure that educational quality and student services are consistent across sites. Detail the role and methods of simulation based/online learning. Include the class size and faculty/student interaction.





### **E. Evaluation of Program Effectiveness**

25. Describe the evidence indicating that your students are achieving institutional objectives.
26. Discuss how information about your students and graduates is used to evaluate and improve the educational program.

## **III. MEDICAL STUDENTS**

Students should conduct their own review of the institution. The self-study coordinator should provide the same kind of administrative support for the student review that is afforded to other self-study groups. (Note: The self-study committee or group responsible for developing the report on medical students should review the results of the student analysis and the school's most recent Graduation Questionnaire data, in addition to the material contained in the medical education database.)

### **A. Admissions**

1. Critically review the recruitment and selection of medical students and evaluate the results of that process. Is the applicant pool size appropriate for the established capacity (classes size, teaching and simulation rooms, labs, and other facilities), both in terms of number and quality? How do you validate your selection criteria?
2. Evaluate the number of students of all types in relation to the constellation of resources available for teaching (number of faculty members, space, clinical facilities, learning sites, educational resources (including simulation), student services and facilities, etc.).
3. Describe your goals for gender, racial, cultural, and economic diversity of students. How well have they been accomplished? Are there student support programmes and professional role models appropriate for the school's diversity goals?
4. Evaluate whether the acceptance of transfer students, or visiting students, if applicable, in the school's affiliated teaching hospitals, affects the educational program of regular students (i.e., in the context of competition with the school's students for available resources, patients, educational venues, etc.).





## **B. Student Services**

1. Comment on the levels of student attrition and academic difficulty in relation to your school's admission requirements, academic counselling efforts, and remediation programs. How effective are counselling and remediation systems?
2. Do you analyse the pattern of career choice among your recent graduates? Is the pattern congruent with your school's mission and goals? Evaluate the effectiveness of your career counselling systems, residency preparation, and the selection of elective courses.
3. For fees paying medical colleges, evaluate the level of tuition and fees related to the size of graduates' accumulated debt and the level of financial aid needed and available. What is the school doing to minimise student indebtedness? Comment on the effectiveness of debt counselling programs.
4. Evaluate the adequacy of student support in the following areas:
  - Personal counselling and mental health services.
  - Preventive and therapeutic health services, including immunisations and health and disability insurance.
  - Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.
5. Evaluate the students' common facilities (cafes, restaurants, entertainment etc.). Please mention any subsidies for such facilities.

## **C. The Learning Environment**

1. Comment on the effectiveness of school structures and policies for addressing allegations of student mistreatment and educating the academic community about acceptable standards of conduct in the teacher-learner relationship.
2. Evaluate students' familiarity and course/clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal, and dismissal. Review the adequacy of systems for providing students with access to their records and assuring the confidentiality of student records.
3. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities. Do available resources for study contribute to an environment conducive to learning?



#### **IV. FACULTY**

##### **A. Number, Qualifications, and Functions**

1. Develop a composite assessment of the educational, research, and service activities of the basic science departments, public health, and activities of the clinical departments, including primary care, in the context of the mission and goals of the medical school. (In addition to department-specific data in the faculty section of the database, see also responses for standards of the database and departmental finances and facilities described for standards. Include the following areas in the assessment:
  - Leadership (including stability of departmental chair positions).
  - Faculty (including numbers, experience, and expertise), in total and by discipline. Number of academic (Assistant, Associate and Professors), non-academic staff employed by the college, non-academic staff not employed by the college (Ministry of Health, private sector, NGO etc.), and visiting academic and non-academic staff.
  - Finances: sources (governmental and non-governmental and alumni and private donations)
  - Space and facilities (not mentioned above)
  - Each department's quality and quantity of teaching, research, and service, speciality including primary care and public health.
  - Involvement and success in graduate education (Boards, Academic Courses etc.).
2. Describe factors that facilitate and hinder the recruitment and retention of faculty members at your institution (both employed and external). Is the current mix of faculty (gender, ethnicity) appropriate for the attainment of your institutional goals?
3. Evaluate the availability of opportunities for both new and experienced faculty members (full-time, part-time, volunteer, and visiting) to improve their skills in teaching and evaluation. Is institutional or departmental-level assistance, such as training sessions from education specialists, readily available? Do you have a medical education department/ office? Please describe.

##### **B. Personnel Policies**

1. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of faculty members. Are the policies clear, widely understood, and followed?



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2. Assess the adequacy of institutional and departmental conflict of interest policies relating to faculty members' performance of their academic responsibilities.
3. Describe the extent of feedback provided to faculty members about their academic performance and progress toward promotion. Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion? Do you have an annual academic appraisal? How does it work?
4. Discuss the extent to which education is valued in the institution. How are the degree and quality of participation in medical student education factored into faculty retention and promotion decisions?

### C. Governance

1. Describe the Governance Structure of the College. Do members of the College Council /Board include lay and student members? How students and faculty members access Board / Council decisions? (See number 3 below)
2. Evaluate the effectiveness of mechanisms for organisational decision-making. Are necessary decisions made in a timely and efficient manner with appropriate input from concerned parties? Assess the relative roles of committees of the faculty, department heads, and medical school administrators in decision-making.
3. Assess the effectiveness of the methods used to communicate with the faculty. Do faculty perceive themselves to be well informed about important issues at the institution? Do faculty believe that they have sufficient opportunities to make themselves heard?

## V. EDUCATIONAL RESOURCES

### A. Finances

1. Discuss the appropriateness of the balance between the various sources of financial support for the college (i.e., state, and local appropriations, income from patient care, endowments, tuition income, research income, hospital revenues). Are revenue sources stable? How do you view the prospects over the next five years?
2. Comment on the degree to which pressures to generate revenue (from tuition, patient care, research funding or donations) affect the desired balance of activities of faculty members. If so, what mechanisms are in place to protect the accomplishment of the educational mission?



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3. Describe how the college has positioned the clinical enterprise (faculty practice plan/organisation and structure of healthcare system) for best results in the local health care environment. Is planning related to the clinical enterprise occurring?
4. Describe how present and future capital needs (improving the current building, new projects, new equipment, new teaching facilities etc.) are being addressed. Is the school's financial condition capable of such that these needs can be met?

### **B. General Facilities**

1. Evaluate the adequacy of the general facilities for the medical school's teaching, research, and service activities. Is the opportunity for educational excellence or educational change (e.g., the introduction of small group teaching; simulation learning using advanced technology) or for the attainment of other medical school missions constrained by space concerns?
2. Discuss the adequacy of security systems on each campus and at affiliated sites.

### **C. Clinical Teaching Facilities**

1. Analyse the clinical resources available to the medical school. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites? Does the patient mix appropriate? Discuss in detail if any computer base, distance learning, simulation learning, and training are used. Are clinical facilities, equipment, and support services appropriate for exemplary protecting health and patient care? Discuss the availability, quality, and sufficiency of primary care facilities for teaching.
2. Describe and evaluate the interaction between the administrators of the hospitals/clinics used for teaching and the medical school administration. Does the level of cooperation promote the education of medical students?
3. Describe and evaluate the level of interaction/ cooperation between the staff members of the hospitals/clinics used for teaching and medical school faculty members and department heads, related primarily to the education of medical students. Comments on the effectiveness of any computer-based learning/distance learning/ simulation learning and training integration.

### **D. Information Resources and Library Services**

1. Evaluate the quantity and quality of the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members.
2. Comment on the adequacy of information technology services, particularly regarding medical student education. Are resources adequate to support the needs of the



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educational program? Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to assure the achievement of medical school missions? Note any problems.

3. Evaluate the usability and functional convenience of the library. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audio-visual equipment adequate?
4. Is the library design support small group learning?
5. Assess the library and information technology staff contributions to the education of medical students and the professional development of faculty members in the following areas:
  - Teaching specific skills, such as instruction in computer usage and bibliographic search.
  - Retrieving and managing information.
  - Interaction with the curriculum committee to coordinate various library and information resources with planned curricular design.

### SUMMARY

1. Summarise the school's strengths and problem areas and prioritise the latter. Analyse changes that have occurred over the past five years or since the last survey visit [Whichever is longer]. Have new strengths or problems emerged? Are changing conditions likely to cause problems in the near future?
2. Note significant recommendations for the future. How can the strengths be maintained, and the most pressing problems addressed? Be brief but specific in describing actions that will need to be taken.

### THE MUST-DO

Preparation of the survey report: The report should conclude with a list of institutional strengths, issues requiring attention, and recommendations for addressing any identified problems. It should also include a plan and timetable indicating how institutional strengths will be maintained and concerns addressed. The self-study is directly linked to the standards for accreditation and analysed in relation to them.