



Surveyors' Feedback

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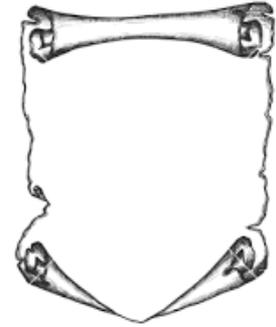
Objective of the Session:

To outline and discuss common areas of concern(s) observed by surveyors during CAAM-HP accreditation visits.

Definition “A common area of concern”

A “common area of concern” within this context is a nonconforming and partial compliant standard criterion (or criteria) observed repeatedly on accreditation visits”.





Other definitions.....

- The word “shall” or “must” is used to indicate a mandatory requirement.
- The word “should” is used to indicate a recommendation.
- The word “may” is used to indicate a permissible action. The word can is used for statements of possibility and capability.

Common Areas of Concern with Programmes

- Governance
- Learning environment
- Faculty knowledge & skills
- Student support services and mentorship
- Curriculum management
- Comparability of the educational experiences across geographical sites
- Student assessment and programme evaluation
- Staff promotions

Governance (1)



- IS-3 The governing body responsible for oversight of the medical school **should be composed of persons who have the educational needs of the institution as their first priority and no clear conflict of interest in the operation of the school**, its associated hospitals, or any related enterprises.
- IS-6 The dean or chief official of the medical school, **must have ready access to the administrative head of the university or other university official charged with final responsibility** for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean's office.



Governance (2)

- IS -7 There **must be clear understanding of the authority and responsibility for medical school matters** among the administrative officials of the university, the dean of the school, the faculty, and the administrative officials of other components of the medical teaching complex and of the university.
- ER-9 There **must be written and signed affiliation agreements between the medical school and its clinical affiliates** that define, at a minimum, the responsibilities of each party related to the educational programme for medical students.



Learning Environment

- IS-13 Medical school **faculty members from different disciplines should work** together in teaching, research, and appropriate health care delivery programmes.
- ED-35 The medical school's **academic officers must be responsible for the conduct and quality** of the educational programme and for assuring the adequacy of faculty at all educational sites.

Faculty Knowledge and Skills (1)

- ED-22 Faculty, residents / junior staff, graduate students and postdoctoral fellows in the biomedical sciences serving as teachers or teaching assistants, **must be familiar with the educational objectives** of the course / clerkship and should be prepared / trained for their roles in teaching and evaluation.



Faculty Knowledge and Skills (2)

- FA-4 Members of **the faculty must have the capability and continued commitment** to be effective teachers.
- FA-12 Opportunities for professional development **must be provided to enhance faculty members'** skills and leadership abilities in education and research.



Student Support Services and Mentorship



- Academic support and remediation
 - MS – 15 The **system of academic advising for students must integrate** the efforts of faculty members, course directors, and student affairs' officers with the school's counselling and tutorial services.
- Faculty advising
 - MS – 20 Each **school must have an *effective* system of personal counselling for its students** that includes programmes to promote the well being of students and facilitate their adjustment to the physical and emotional demands of medical school.
- Financial advising
 - MS-19 Medical **schools should provide students with *effective* financial aid and debt management counselling.**
- Career advising
 - MS – 16 **There must be a system to assist students in** career choice and application to internship, residency and postgraduate programmes, and to guide students in choosing elective courses.

Curriculum Management

Curriculum design and management

- ED – 29 There **must be an integrated institutional responsibility** for the overall design, **management**, and evaluation of a coherent and coordinated curriculum.
- ED – 31 **Curriculum management involves** leading, directing, coordinating, controlling, planning, evaluating and reporting.



Comparability of the Educational Experience across Geographical Sites

Comparable educational experiences and equivalent evaluation across alternative instructional sites

- ED – 7 **There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites** within a given discipline.



Student Assessment and Programme Evaluation



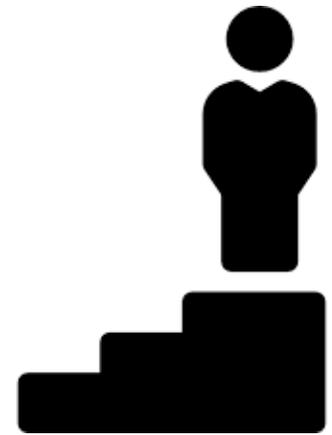
Student Assessment

- ED – 24 The medical school **faculty must establish a system for the evaluation of student** achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviours and attitudes.
- ED – 26 There **must be ongoing assessment that assures students have acquired and can demonstrate** on direct observation the core clinical skills, behaviours, attitudes that have been specified in the school's educational objectives.

Programme Evaluation

- ED – 42 To guide programme improvement, **medical schools must evaluate the effectiveness of the educational programme** by documenting the extent to which its objectives have been met.

Staff Appointments and Promotions



Appointment and Promotions

- FA – 3 Persons appointed to **faculty positions must have demonstrated achievements commensurate** with their academic work.
- FA – 8 There **must be clear policies** for faculty appointment, renewal of appointment, promotion, granting of tenure, and dismissal that involve the faculty, the appropriate department heads, and the dean / chief academic officer.

Questions & Answers?