

Reorientation of Educational Deputy of Ministry of Health and Medical Education in accreditation and evaluation

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ABSTRACT

Background. Recently the Government of Islamic Republic of Iran has considered radical changes and innovation in the structure of medical education at all levels. Therefore the "Accreditation and Evaluation Plan of Medical Universities in Iran" is approved and emphasized in the Third 5-Year Development Program.

Method. The Educational Deputy (ED) of Ministry of Health and Medical Education (MOHME) considered three main plans: (1) Goal-based internal evaluation, and external evaluation of educational departments of medical universities based on internal evaluation. In 1995-6 ED began the internal evaluation, defining quality as fitness for purpose; and in 2000 started the external evaluation in some medical schools as a pilot study, based on previous internal evaluation.

(2) Collaboration with World Federation for Medical Education (WFME), according to International Standards for Basic Medical Education Pilot Studies. Shiraz Medical University was co-opted by WFME to collaborate in the first stage; three medical universities (Tehran, Shahid Beheshti and Ahvaz) are accepted for the second stage.

(3) The project of "Standardization of Medical Education in Iran for Achieving International Accreditation". This process is being performed in several steps: (a) Study of three different sets of national (Australia, US and Mexico) and international (WFME) standards; (b) Collection of the experts' viewpoints specialized in medical education in this regard; (c) Development of the first action plan; and (d) Conduction of this project as pilot study in a number of medical universities.

Results. Having primary results disseminated, motivated many other medical universities so that some announced their readiness to begin internal and external evaluation or standardization process.

Conclusion. Regarding the importance of quality improvement in medical education, it is expected that even if this process would not lead to international accreditation acquisition, it will result in improvement and essential changes in basic medical education.

Keyword: MEDICAL EDUCATION, EVALUATION, ACCREDITATION, STANDARDIZATION

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Introduction

It is considered today that one who graduates in medicine, must be able to deliver health care in the society, in addition to make decisions about all patients considering various geographical, social and economical conditions prudently. Having an MD degree, one must be skillful in communicating with others, and effective and efficient in managing the health groups and the society. This person should have an intrinsic and dynamic motivation for his/her lifelong learning and studying. Above all, doctors not only must respect medical ethics, but also have to apply them in his/her encounter with various professional problems. That is how the doctors

would be able to move and work all around the world. Furthermore regional, national and international supports for physicians should be increased and synchronized with each other so that they could provide incentives for the doctors to continue and serve mankind in their own regions.

Anywhere they are, the doctors must feel professional and social security and have easy and efficient access to updated information, so they could promote their professional skills according to latest scientific achievements and increasing social demands (1). On the other hand, the present developing society makes unavoidable the use of other countries' experiences and coordination with global medical society (2).

The need for change in medical education has been considered in numerous reports since 1982. Evaluation systems and their approaches and patterns, while being diverse, have moved toward a common goal, i.e. improvement of education quality, and regard it as a new administrative tool. Quality improvement has long been a critical issue in human life. The aim of establishing evaluation systems is to preserve and improve the quality that can meet the needs of society. These systems should be able to direct changes or improve the quality according to the changes occurring in the society's needs and requirements.

Materials & Methods

Considering the above mentioned facts and with the aim of medical education quality improvement, the Government of the Islamic Republic of Iran included an act in the Third 5-Year Development Program to develop higher education indicators in medicine and also educational accreditation and evaluation indices, and to provide the required context for quality improvement, regarding the conditions and requirements of the society (3). The Educational Deputy and Universities Affairs of Iranian Ministry of Health and Medical Education considered the accreditation plan of medical education institutes and programs in its agenda to achieve these principles. Three general plans were designed to accomplish these purposes:

1. A goal-based internal evaluation, and then an external evaluation of educational departments of medical universities based on the internal evaluation
2. Cooperation with World Federation of Medical Education (WFME) in pilot studies.
3. In the future, standardization of undergraduate medical education in order to accomplish national and international standards for acquiring national-international accreditation and approval.

1. Goal-based internal evaluation, and external evaluation based on the internal evaluation

In most countries, evaluation goes way back to two decades ago. Before 1995, evaluation was traditionally conducted in Iran by those outside the medical system, and it was limited to selection of the new students, selection and promotion of academic faculty, examinations and inspections.

Since 1995, modern evaluation was first scientifically conducted as a pilot study in six educational departments, and after getting the

experiences of that study and by considering the viewpoints of stakeholders, it was developed into other educational departments. The main goal of this project was quality improvement, among other goals such as transferring culture and knowledge of evaluation, institutionalization of modern evaluation system, increasing the participation of academic faculty, and informing the members inside the system of their status.

In the next step, using viewpoints of the experts and stakeholders and also the results of the first project, Secretariat of Supervision, Evaluation and Expansion Council of Medical Science Universities has heightened the evaluation level from educational departments to educational programs and used external evaluation as a complement to internal evaluation process.

External evaluation, six years after the initiation of internal evaluation, was started first as a pilot study. By presenting new views by experts outside the health system, this project can play a great role in quality improvement.

A. Goal-based internal evaluation

Since quality has received a great deal of attention today, evaluation is used throughout the world as an instrument to improve the quality of medical education.

Quality can have several meanings. Two definitions which are used in the field of evaluation are: (a) Fitness for purpose, which mostly focuses on students and implies their attitude changes and goals during education; and (b) Threshold, which means determination of norms and criteria to which each unit must reach in order to be considered qualified (4).

Educational evaluation is a formal process to determine the quality, effectiveness and value of a plan, outcome, project, process, goal or a curriculum (5).

Self-evaluation is an important process, because it makes involved staff aware of their function, and they are the ones who will make the necessary changes for continuous improvement. In other words, the educational unit should analyze its strengths and weaknesses by describing its present status. This must be a long-term and continuous process because the strengths and weaknesses of a program are revealed in long run.

Internal evaluation method

Since the main approach in education until the formulation of standards is a goal-based approach, educational goals in each level must be determined and the realization rate of these goals

be measured by some instruments. However, since the goal of evaluation is to provide suitable guidelines to eliminate weaknesses, special goals as well as contextual and executive factors which are involved in achieving the goals must be studied. These factors include different fields of management and organization, academic faculty, students, educational program, educational resources and equipment, assessment, research, and graduates. Sub-fields are determined for some of the factors; then according to the main goal of the educational unit, their desirable level is defined by personnel inside the system and the present status of the educational unit is identified. After obtaining the result of internal evaluation, the weaknesses are analyzed and in this way, appropriate solutions for improving the educational situation can be suggested, which will finally be written as an internal evaluation report (6).

It is undeniable that achieving these goals requires the addition of an external view, because outside expert viewers can bring along new perspectives, opportunities and facilities for improving quality which are not considered inside the system. Therefore, external evaluation seems necessary to promote the positive effects of internal evaluation.

B.External evaluation of educational departments of medical universities

External evaluation project has been carried out as a pilot study in eight educational departments of six medical universities. Then the guidelines for conducting external evaluation of educational departments and programs was developed by using the results of that pilot study. It was written by evaluation experts and then was modified by using received feedback from evaluated departments. This guideline is to be used by medical universities who apply for external evaluation of their educational departments and programs (7).

External evaluation method

External evaluation is based on self-evaluation reports and is conducted in the form of a three-day site visit by expert teams consisting of evaluation experts and peer faculty members from other universities. These reports and supporting documents are sent to team members, one month before the site visit. At pre-visit meeting, team members agree on their enquiries. Several interview sessions with different managers of the evaluated university is conducted, as well as a review of documents and observation of

educational environment. Finally a draft of external evaluation report is written by all team members collaboratively. After the visits, the final report is sent to the educational unit. The evaluated unit is responsible for translating the results and guidelines into action.

2.Cooperation with WFME in the field of international under-graduate medical education standards

In this section, the Secretariat of Supervision, Evaluation and Expansion Council of Medical Science Universities, under the Educational Deputy and University Affairs, introduced an effective and efficient communication with WFME. In 2002 WFME agreed with Shiraz University of Medical Sciences cooperation in stage I of WFME pilot studies.

After holding the World Conference on Medical Education –Copenhagen, 2003- some medical universities announced their readiness to participate in the other stages of pilot studies. In July 2003, the Federation expressed its agreement to cooperate with Ahvaz, Shaheed Beheshti and Tehran Medical Schools in stage 2 (internal evaluation based on WFME international standards).

3. Standardization of under-graduate medical education in order to accomplish national and international standards for acquiring national and international accreditation

It is obvious that the conditions and requirements of each country must be considered in the standardization of undergraduate medical education. Variety in cultures, beliefs and social and economical structures are the elements that have an influence on these specific conditions and circumstances. However, the most important issue among all countries is that the people's expectations of both the quality and the quantity of health care and medical services are increasing remarkably. In order to respond to this right of the society, the SSEECMSU focused on standardization of general undergraduate medical education and considered it as one of its highest priorities.

Through these activities, the lack of a systematic structure in national evaluation and accreditation system could obviously be seen. Considering the studies performed in ED, the establishment of such systematic setting requires a step by step design and implementation. Some of these steps – such as performing studies- are not only essential in the primary stages, but also must be

continuously implemented throughout the project, in line with new developments by world medical education organization, utilization of modern tools and methods and also modern management principles in the field of medical education.

Also, we must keep in mind that in all systems, including educational system, each change inevitably faces objections and obstacles. So it seems necessary to develop some programs for addressing and adjusting these obstacles and problems. For example, Iran's youth society and the ever-increasing number of applicants for universities and higher education institutions induce the view that the current centralized structure is the best way to select a student. It is also necessary for other standards to consider every society's conditions. Thus, lack of national standards was very obvious in the area of medical education standardization and educational institutions. In order to standardize undergraduate medical education the following issues were considered in designing national accreditation system.

Proposed stages for national accreditation and standardization of general undergraduate medical education

1. Study

- 1.1. Pilot studies
- 1.2. Continuous studies in accordance with project implementation level and in line with new advances in methods, tools and management in medical education

2. Use of the opinions of medical education experts

- 2.1. Translation and dissemination of international valid documents
- 2.2. Collecting the ideas and opinions
- 2.3. Reaching a national consensus on the necessity of medical education standardization

3. Developing an action plan in seven stages (8)

- 3.1. Establishment of project's organization within the appointed medical school
 - 3.1.1. Clarification of the project and its importance for the university's governing body
 - 3.1.2. Establishment of a suitable structure for conduction of the project
 - 3.1.3. Involving all stakeholders (administrative staff, academic staff, students) in the project

3.2. Estimation of the current situation of the appointed medical school compared to the standards

3.2.1. Identifying qualified personnel for compiling the estimation report

3.2.2. Preparing a descriptive report on the current situation with an estimation of required time to meet the standards

3.3. Internal evaluation based on WFME standards

3.3.1. Preparing an action plan for evaluation of each area of standards

3.3.2. Preparing the required documents in each area

3.3.3. Presenting the final report to university's Credibility Acquisition Council and Executive Council

3.4. Supplementary studies in each area of standards

3.4.1. Analytical study of weaknesses concluded from self-evaluation study of each task force

3.4.2. Elaborated studies around the issue of "desired status" in each area

3.5. Short, middle and long term plans of university's governing body based on the results of internal evaluation

3.5.1. Distribution of the final report of internal evaluation to appropriate authorities of the university and/or MOHME

3.5.2. Presentation of practical plans based on concluded recommendations, to be utilized by both above-mentioned authorities

3.5.3. Presenting blueprint of timetables to the university's Credibility Acquisition Council and Executive Council

3.6. Project follow-up to ensure implementation

3.6.1. Receiving regular reports from the task force authorities in each area

3.6.2. Presenting regular progress reports

3.6.3. Overcoming the encountered problems by continuous follow-up and intervention by university's Credibility Acquisition Council and Executive Council

3.7. Announcing preparedness for peer review

3.7.1. Updating self-evaluation documents and/or preparing new documents for presentation to the international accreditation board

3.7.2. Presenting the final reports and documents for peer review

Since the process of standard development was a complex and difficult one and also there were no national standards in medical education in this stage, WFME international standards were selected as the basis, and were modified in

accordance with the conditions of our country; also, the national standards of other countries (Australia, Mexico and the US) were used in developing our own national standards. The method of developing the First Draft of National Standards will be explained in another paper.

4. Pilot Study

The pilot plan began in Shaheed Beheshti and Shiraz Medical Universities in 2000 and in Ahvaz and Tehran Medical Universities in 2003.

Results

Since the beginning of evaluation plans, various departments from different schools (medicine, dentistry, nursing and midwifery, health, etc) have carried out internal evaluation project, which include about 40 percent of the departments. Also, 34.5 percent of the academic faculty were involved in the process.

Among the determined factors, the area regarding graduates was less evaluated, the main reason being their unavailability (9). Some of the positive results of internal evaluation are:

- Development of educational and research goals, which provides the academic faculty and students the initial information about the ultimate objectives;
- Obtaining new insights about the meaning of evaluation, and insistence of 80 percent of the project's executive personnel on continuing the evaluation process and bringing it into one of university's managerial functions
- Increasing the participation of academic faculty in educational activities through holding explanatory workshops on evaluation, which made academic faculty familiar with educational problems. And since the academic faculty themselves have the authority in educational process, it was made a step toward improvement and monitoring the process;
- Reevaluation of weaknesses and attempt to analyze them in order to improve the quality of education;
- Obtaining documentary information and presenting it to managers in order to make changes in the system and to provide a feedback channel to reflect problems to higher levels of management;
- Providing an evaluation guide based on the results of pilot plan, and formulating an executive guideline for external evaluation regarding conducted activities on evaluation especially internal evaluation.

Since internal evaluation is to be expanded to all universities and the fact that it has encountered problems in the implementation process, some suggestions were made in the First National Seminar on Evaluation of Universities in Ahvaz, 1380, to eliminate the problems. These suggestions are:

- Emphasis on evaluation as a necessary step in managerial and educational programs;
- Financial support and facilitating their expansion in the evaluation-related sections;
- Delegation of greater authority to promote accountable management;
- Exact definition of suitable structures and establishment of internal evaluation in medical universities.

Following the above mentioned items, the suggestions were approved as a protocol in National Meeting of Chancellors of Iranian Medical Universities. This protocol include formulation of executive act of evaluation, and allocation of promotion score to enhance the participation of academic faculty. The contents of this protocol are realized through numerous expert meetings in the SSEECMU.

So far, some of the articles of executive act have been formulated, and the allocation of promotion score to academic faculty, who are among the executive personnel of internal evaluation have been agreed upon and conveyed to all universities. Today, Shaheed Beheshti and Shiraz Medical Schools are at the internal evaluation stage. Tehran and Ahvaz Medical Schools that have recently started to collaborate with the project are at the phase of estimating the current situation.

Conclusion

Currently, all schools implement internal evaluation after developing their own goals and standards. This will be continued until the final approved national standards are developed.

Therefore, the highest priority is to develop national standards for medical education institutions and programs. Participation in WFME pilot project not only makes those responsible for medical education to assess themselves according to international standards, but also to think about nationally, regionally and locally specific needs and requirements in medical education. Using the experience achieved in such pilot projects and considering the country's conditions and requirements, national standards could be developed.

The appropriate clarification of the project to high level managers is the best and the most rational policy to overcome existing obstacles in standardization of undergraduate medical education. The benefits of such activity in improving the quality of medical education are so great for all medical schools that the Iranian medical education authorities believe that even if this process does not lead to international accreditation, it will surely result in fundamental and essential changes and improvement in undergraduate medical education, in order to provide better services in different areas, especially public health.

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