



**PHILIPPINE ACCREDITING ASSOCIATION OF SCHOOLS,
COLLEGES AND UNIVERSITIES
(PAASCU)**

**PAASCU STANDARDS
FOR
BASIC MEDICAL EDUCATION PROGRAM**

2019 Edition

This manual on “PAASCU Standards for Basic Medical Education Program” is aligned with the design and recommendations of the World Federation for Medical Education (WFME) Global Standards for Quality Improvement, the 2015 Revision.

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General Statistical Summary

HOW TO USE THE MANUAL

This manual comes in three parts. **Part 1** is the **Basis of Evaluation**, which forms the introductory part of the manual. **Part 2** is the **Evaluation Form**. **Part 3** is the **Appendix** containing exhibits and other supporting documentary materials.

Part 1. Basis of Evaluation

This part explains the concept of each survey area under observation. It lays down in essay form the criteria for evaluating the medical school's characteristics, the traits of excellence, and the levels of performance, which are to be observed and rated. The accreditation team member is expected to rate the school on the basis of whether it satisfies the criteria, the extent of compliance or implementation, and in general, the degree to which the school approximates the ideal.

The evaluation instrument attempts to list all the desirable traits or characteristics of a medical education program. Taken together, these give the picture of an ideal. No school is expected to have all these characteristics in an outstanding manner, for the ideal does not really exist. The evaluation instrument is a tool to help the school measure the quality of education which it provides.

Part 1 (Basis of Evaluation) is especially useful to the school committee in the self-survey phase of the work. Used side by side with Part 2 (Evaluation Form), it should give a fairly accurate picture of the school's strengths and weaknesses as an academic institution. The standards reflect a realistic appraisal of the school's resources and their efficient utilization to help the institution achieve its goals.

The list of materials substantiating the observations or ratings will appear separately in Part 3 (Appendix). A system of cross-references should make it easier for the accrediting team member to locate the pertinent data.

Part 2. Evaluation Form

Each area is subdivided into sections. Both area and section are assigned weights which indicate their relative importance in relation to the total evaluation. The weights are shown in the evaluation instrument. A general statistical summary or computation is provided in the Appendix.

The Evaluation Form consists of a series of statements delineating traits or conditions which pertain to the aspect being evaluated. Each statement will be scored in a **scale of 1 to 5**, with **1** being the least desirable condition, and **5** the most desirable. A rating of **"3"** is considered **"good"** and therefore passing for accreditation purposes. The letter **M** indicates that the provision is **"missing"** but needed. The term **"Does not apply"** (**O**) rating is also used where necessary.

After each section, space is provided for comments or remarks that the rater may wish to make. This feature should be particularly helpful to the self-evaluation committee.

The user of this Evaluation Form must rate all statements without exception. Failure to do so may distort the statistical perspective of the evaluation.

The **scale of 1 to 5** has been adopted for statistical convenience; that is, computation work. The range is used both for weighing the area and section as well as for rating the individual statements in the Evaluation Form.

Part 3. Appendix

Normally, each area requires additional information in the form of exhibits and other supporting documentary materials. At the end of each section of the Evaluation Form, the team member is told what materials are expected to be supplied by the medical school for the purposes of the evaluation. The list appears in the Appendix as indicated.

The Appendix also describes how to compute the rating of the school.

How to Compute

In the evaluation forms are spaces where the rater can write the rating for each item. Below is the rating scale which should be used:

- 1** - Poor : the provision or condition is limited and functioning poorly.
- 2** - Fair : the provision or condition is limited and functioning minimally.
- 3** - Good : the provision or condition is met and functioning adequately.
- 4** - Very Good : the provision or condition is moderately extensive and functioning well.
- 5** - Excellent : the provision or condition is very extensive and functioning perfectly.
- M** - Missing : the provision or condition is missing but needed.
- O** - Does not apply: the provision or condition is missing but does not apply

Section Mean: Add the ratings of all the statements in the section, disregarding the **0**, if any. Divide the sum by the number of answered items.

Area Mean: Multiply the means of the various sections by their corresponding weights. Add up these products and divide the sum by the total weights of the sections.

Overall Mean: Multiply each Area Mean by the respective area weight. Add up these products and divide the sum by 60 which is the total weight value of the various areas.

VISION, MISSION AND GOALS

BASIS OF EVALUATION

The area of Mission and Objectives is the most basic of all the areas to be evaluated. The statements of mission and objectives state what the medical school declares itself to be; however, only its policies and practices will reveal to what extent it has actually become what it professes to be.

This area is not weighted. The rating simply helps the evaluation team in determining the clarity of the guideposts in evaluating the school. The scores are not included in the overall computation.

I. Statements of Mission and Objectives of the Medical School

The medical school should define its mission and objectives and make these known to its constituency. These should be clearly stated in a catalogue or prospectus readily available to prospective students and other persons concerned.

Each medical school should include among its objectives the development of competence in the students at the time of completion of the medical course. These competencies should include those needed for the various roles of the physician, such as medical practitioner, academician/teacher, researcher, administrator, and social mobilizer. It should aim to foster awareness of social needs and involvement in social projects and to develop responsible citizens. The mission and objectives should be in harmony with the goals of the whole institution, with national development goals and with desirable Filipino cultural values.

II. Specific Objectives Distinctive of Each Medical School

Within the framework imposed by the general purposes mentioned above, each medical school is free to choose its specific objectives and the objectives of each of its courses. Such specific objectives, of course, should be attainable and educationally sound.

III. Acceptance by the Faculty

There should be demonstrated evidence that the faculty members subscribe to the purposes and objectives of the medical school and that the school orients new members to these purposes and objectives prior to their appointment.

IV. Orientation of Students

The mission and objectives should be discussed during the orientation of the incoming students. The competencies that they have to develop must be made clear to them.

EVALUATION FORM

VISION, MISSION AND GOALS

RATING
(1 TO 5)

- _____1. The statements of mission and objectives are clearly stated.
- _____2. The mission and objectives are made known to its constituency.
- _____3. The mission and objectives are in harmony with the goals of the institution.
- _____4. The mission and objectives reflect national development goals.
- _____5. The mission encompasses the health needs of the community, the needs of the healthcare delivery system, and other aspects of social accountability.
- _____6. The mission and objectives reflect aspects of regional and global health.
- _____7. The purposes and objectives reflect desirable cultural values.
- _____8. The specific objectives of the curriculum are educationally sound and attainable.
- _____9. The medical school ensures that the stakeholders participate in formulating the mission and objectives.
- _____10. The statements of mission and objectives of the medical school are printed in a catalogue or prospectus readily available for prospective students and other persons concerned.
- _____11. There is demonstrated evidence that the faculty understands and subscribes to the goals and objectives of the medical school.
- _____12. The medical school orients new members of the faculty to the goals and objectives prior to appointment.
- _____13. The medical school orients new students to the goals and objectives.
- _____14. There is demonstrated evidence that students understand and accept the goals and objectives of the medical school.

_____TOTAL

_____SECTION MEAN

COMMENTS

FACULTY

Area 1

BASIS OF EVALUATION

The quality of academic and professional competence in the medical school depends to a large extent on its faculty. Through the faculty, the level and intensity of “intellectual ferment” and “healthy dissatisfaction” of the medical school with itself is made evident. In order to be effective, a medical school should have well-organized faculty working under satisfactory conditions.

I. Academic Qualifications

The educational background of faculty members should be adequate for teaching on the undergraduate medical level. For the postgraduate level, degree and non-degree programs, the faculty should be holders of earned doctor’s, and/or master’s degree and/or diplomates in their field of specialty. The faculty should continue to pursue renewal programs for professional growth.

II. Performance

A competent faculty is one of the indispensable elements of a good medical school. Such a staff should not be merely a collection of individually competent persons but a cooperative group with common purposes and motivated by common ideals. Faculty members perform their professional duties satisfactorily and are sensitive to modern educational trends, issues and problems. They plan their work, teach effectively, engage in research and publications, respond to student needs, and participate in professional organizations. There is evidence of appropriate experience in professional practice related to their respective fields. The faculty are also actively involved in community extension activities of the school.

III. Selection of Faculty Members

The selection of faculty members should be a cooperative process involving the administration, department heads, and other faculty members. Attention should be given to teaching ability, broad and sound scholarship, extensive preparation in their special fields, professional competence, research expertise, and communication skills. In addition, consideration should be made of the possible dangers of inbreeding. Before joining the faculty, the faculty member should show evidence of adequate preparation for his/her particular task. He/She should be informed of the objectives of the institution and should show willingness to subscribe to them.

IV. Teaching Assignments

The proportion of full-time faculty members should be sufficiently large to insure effective instruction, research, and guidance of students. Faculty members should be

given teaching assignments in their fields of specialization. Their teaching load should be reasonable to allow them time to prepare sufficiently for their classes, to evaluate their students, and to grow professionally through research and higher study. There should be an adequate number of staff members for the programs offered, the enrollment and the needs of the students.

V. Rank and Tenure

The medical school should have definite and clear criteria for ranking, promotion and tenure as described in a Faculty Handbook. Definite procedures for tenure, probation, and termination should be clearly indicated and observed.

VI. Faculty Development

The medical school must have progressive and professionally alert faculty members as evidenced by their productive scholarship, research outputs and activities, membership and participation in professional and learned organizations and conferences. Thus, the medical school should have a long-term faculty development program which includes provisions for scholarships, study leaves, research grants, etc.

VII. Salaries and Fringe Benefits

The faculty members are given remuneration commensurate with their professional qualifications and competence. Compensation should be just and competitive with salaries in the community to attract and retain qualified faculty members. There are provisions for salary increments in recognition of efficient performance.

The institution should have an adequate social security system which provides for retirement plans, leaves of absence, sickness benefits, separation pay, special awards, and privileges. There are also provisions for rewarding faculty members who are outstanding in research and those who have rendered long, efficient, and devoted service.

VIII. Faculty Involvement

There are evidences of faculty participation in the formulation of goals and objectives, in policy-making, and in the evaluation of curricular and other programs of the medical school.

There are also evidences of satisfactory relationships existing among faculty members, students, administration, other schools and agencies, and the community.

Adequate provisions are made to allow faculty members to undertake research activities in their field of specialization and to disseminate research outputs through publication and other scholarly fora.

In working with medical students, faculty members are given the necessary administrative support and compensation for research advisory work.

EVALUATION FORM

FACULTY

RATING
(1 TO 5)

I. Academic Qualifications

- _____1. Faculty members are fellows or diplomates of the professional or academic societies.
- _____2. Majority of the faculty members have postgraduate training (e.g., residency, fellowship, master's and doctoral) and are board certified in their medical specialization.
3. Faculty members continue to pursue renewal programs for:
- _____ a. the specialties
- _____ b. medical education

_____TOTAL

_____SECTION MEAN

COMMENTS

II. Performance

The faculty members:

- _____1. endeavor to implement the purposes and objectives of the institution and of the medical school.
- _____2. adhere to scientific methods in teaching.
- _____3. adopt modern educational principles.

RATING
(1 TO 5)

- _____4. use instructional designs.
- _____5. show mastery of subject matter.
- _____6. demonstrate human values and ethical principles in the learning environment.
- _____7. relate their subject matter to current issues and community needs.
- _____8. assist medical students in developing competence in their research work.
- _____9. show evidence of professional growth through further studies, research activities, and publications.
- _____10. actively participate in professional organizations.
- _____11. share their knowledge or expertise with other institutions, agencies, and the community.
- _____12. use library resources and other instructional aids.
- _____13. demonstrate desirable traits and attitudes befitting the profession as role models.
- _____14. demonstrate social accountability in teaching, research, and service.

_____TOTAL

_____SECTION MEAN

COMMENTS

III. Selection of Faculty Members

- _____1. The selection of faculty members is a cooperative process involving the administration, department heads, and other faculty members.

RATING
(1 TO 5)

- _____2. There are definite policies, procedures, and criteria for the selection of faculty members.
- _____3. Appointments to the faculty give emphasis to teaching ability, extensive preparation in their special fields, professional competence, research experience, and communication skills.
- _____4. Measures are taken to avoid the possible dangers of inbreeding.
- _____5. Faculty members understand and accept the terms of appointment.

_____TOTAL

_____SECTION MEAN

COMMENTS

IV. Teaching Assignments

- _____1. Teaching assignments of the faculty members are based on their qualifications.
- _____2. The teaching schedule and load of the faculty members are reasonable.
- _____3. The ratio of faculty members to the number of students is adequate for the teaching strategy.
- _____4. There are an adequate number of full-time faculty members.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

V. Rank and Tenure

- _____1. There is a definite system of ranking and tenure.
- _____2. The ranking system is fair and reasonable.
- _____3. Procedures for faculty termination are observed.
- _____4. There is an existing staff promotion policy.
- _____5. Merit is measured by formal qualifications, professional experience, teaching awards, and peer recognition.

_____TOTAL

_____SECTION MEAN

COMMENTS

VI. Faculty Development

- _____1. The medical school has a long-range faculty development program.
- _____2. Provisions for faculty development are carried out.
- _____3. The faculty development program has administrative and funding support.
- _____4. The program includes teacher training and development.
- _____5. The program ensures sufficient knowledge by staff members of the total curriculum.

_____TOTAL

_____SECTION MEAN

RATING
(1 TO 5)

COMMENTS

VII. Salaries and Fringe Benefits

- _____ 1. Professional qualifications, experience, and competence are considered in the system of remuneration.
- _____ 2. There are provisions for salary increments in recognition of competent performance and productive scholarship.
- _____ 3. The compensation package is competitive with that of other institutions in the area.
- _____ 4. There are provisions for fringe benefits including retirement benefits.
- _____ 5. There are provisions for the recognition of meritorious service, which would be through rewards and/or remuneration.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

VIII. Faculty Involvement

- 1. Faculty members participate in:
 - _____ a. formulation of goals and objectives
 - _____ b. policy-making

RATING
(1 TO 5)

_____ c. evaluation of curricular and other programs of the school.

2. Faculty members have satisfactory professional relationships with:

_____ a. students

_____ b. other faculty members

_____ c. administrators

_____ d. medical colleagues and other health professionals, and the community at large

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 1: **FACULTY**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Academic Qualifications	_____	x	5	=	_____
2. Performance	_____	x	5	=	_____
3. Selection of Faculty Members	_____	x	4	=	_____
4. Teaching Assignments	_____	x	4	=	_____
5. Rank and Tenure	_____	x	3	=	_____
6. Faculty Development	_____	x	3	=	_____
7. Salaries and Fringe Benefits	_____	x	4	=	_____
8. Faculty Involvement	_____	x	3	=	_____
	SUM:		31		_____ / 31 =
			AREA MEAN		_____

List of Required Appendices

1. List of faculty members and their academic qualifications, to include:
 - a. educational background (undergraduate, institution, year)
 - b. postgraduate level (degree and non-degree programs, master's, and doctoral degrees)
 - c. clinical training (residency, fellowship with board certification of diplomates or fellows, and subspecialty training with board certification)
2. Teaching awards/peer recognition
3. Recruitment policies, procedures, and criteria
4. Ratio of faculty to students
5. Full-time and part-time faculty members per department
6. Definite system of ranking and tenure
7. Long-range faculty development program
8. Provisions of fringe benefits
9. Provisions for recognition of meritorious service
10. Provision of additional benefits such as sabbatical leaves, protected time for research, and/or subsidies for further study
11. List of faculty members involved in planning and evaluation committee
12. List of faculty members involved in the curriculum committee
13. Participation of the faculty in policy making
14. Participation of the faculty in curriculum planning, implementation, and evaluation

List of Exhibits and Other Supporting Documents

1. Faculty manual
2. Faculty evaluation reports
3. Research output and publications
4. Service functions such as participation in faculty committees, governance and management committees
5. Participation in professional organizations
6. Community involvement and participation in health care delivery system
7. Teaching assignments and load
8. Policies on promotion and termination of faculty
9. Topics on faculty development, which should include teacher training, development, support, and appraisal
10. Remuneration system which considers rank and load (salary scale)

EDUCATIONAL PROGRAM

Area 2

BASIS OF EVALUATION

The curriculum and instruction in the medical school should be directed towards the objectives of medical education of the country. These objectives are within the purview of the institutional objectives.

I. Educational Program and Curriculum

The program of studies required and implemented by the medical school should at least meet the requirements of the Commission on Higher Education. It should consist of systematically arranged learning experiences that are interdisciplinary and multidisciplinary in nature.

The program of studies should provide for a plan of education with clear-cut goals for human and national development. The major fields of concentration should be composed of subjects related and allied to one another. The curriculum should ensure horizontal integration of associated sciences, disciplines, and subjects; and vertical integration of the clinical sciences with the basic biomedical and social sciences. They should provide the professional and technical preparation needed by the medical students for practice and/or further training.

The syllabi of the various courses in each program should show in-depth coverage of topics in basic science as well as clinical science education. The requirements in the different courses should reflect the efforts toward adequately preparing the medical students for undertaking research that will contribute to the expansion of knowledge and continuing independent study. They should also stress the development of desirable attitudes and values, social concern and commitment.

The curriculum should be relevant, flexible, innovative, and grounded in social realities. Provisions should be made for planned periodic evaluation and revision of the curriculum. Both faculty and students should participate in this activity.

II. Instructional Design and Materials

The dean undertakes the primary responsibility for effective supervision of instruction. Rules and practices relating to classroom management and effective instruction should be carefully observed. Attendance records of professors should be kept, and a system of substitution should be followed to insure continuity of instruction. Teachers keep systematic records of attendance of their students.

Instruction should be conducted with system and order that reflect sufficient preparation of the faculty members for their classes. The faculty members should make extensive use of textbooks and references. The methods used in instruction should guide

the students towards self-realization, develop their analytical and critical judgment, encourage independent study, hone clinical skills, and strengthen their social awareness. There should be a variety of teaching methods suitable for professional medical education, such as seminars, lectures, discussion groups, workshops, and symposia.

Instructional strategies for the medical school should promote the development of competencies of the different roles of the physician and provide adequate opportunities for maximum exposure to activities that promote their development. Interdisciplinary and multidisciplinary approaches are used when called for in the various courses.

III. Evaluation, Grading and Graduation Requirements

In order to evaluate the instructional outcomes, there should be wise and judicious use of various instruments, such as examinations (written, practical, oral, etc.), term papers, research projects, field activities, etc. The methods of determining the final mark should be fair and well-defined.

In maintaining scholastic/academic standards, the school should have a system by which students are appropriately assisted to cope with instructional requirements as well as continuously screen the students who should be retained. To do so, the medical school should have accurate information concerning the academic status of its medical students. There should be clear-cut, objective criteria and procedures for evaluating student performance in all forms of evaluation. These procedures and criteria meet the prescribed standards of the Commission on Higher Education.

IV. Program Management

The administrative concern and support for the quality of instruction is made evident by familiarity with the instructional needs and problems in the medical school. Supervision of instruction may include such practical measures as: requirement of syllabi, visits to classes, informal dialogues with faculty and students, and evaluation of tests and examinations. Faculty members should be evaluated by administrators, by their peers, and by the students. The faculty should be encouraged to join seminars and educational associations, and to experiment, where feasible, with new approaches in teaching.

EVALUATION FORM
EDUCATIONAL PROGRAM

RATING
(1 TO 5)

I. Educational Program/Curriculum

1. The educational program/curriculum is consistent with the:
_____ a. Philippine national health goals
_____ b. institutional Vision-Mission-Goals (VMGs)
- _____ 2. The curriculum prepares the students for independent / lifelong learning.
- _____ 3. The medical program consists of systematically arranged learning experiences.
4. The curriculum includes/specifically states:
_____ a. the intended learning outcomes
_____ b. cognitive, psychomotor, and attitudinal competencies that the students must achieve
_____ c. teaching/learning methods appropriate to the intended learning outcomes
_____ d. valid and reliable evaluation methods
5. The curriculum provides depth and breadth in:
_____ a. biomedical, behavioral, and social sciences
_____ b. clinical sciences
_____ c. medical ethics
_____ d. medical jurisprudence

RATING
(1 TO 5)

6. The curriculum defines how the behavioral and biomedical sciences can contribute to:
- _____ a. the Philippine health care system
- _____ b. current and emerging societal needs
- _____ c. scientific and clinical developments
- _____ d. technological advancements
7. The clinical science curriculum:
- _____ a. incorporates acquisition of desirable clinical and professional skills necessary for the attainment of the learning outcomes.
- _____ b. provides for adequate patient contact in the clinical setting.
- _____ c. includes preventive medicine and health promotion.
- _____ d. emphasizes patient safety.
- _____ 8. The requirements in the different courses prepare the students to conduct research projects and creative works as well as to publish research outputs.
9. The medical school has institutional autonomy in the design of the curriculum.
10. The curriculum includes:
- _____ a. principles of scientific inquiry
- _____ b. medical research methods
- _____ c. evidence-based medicine
11. Evaluation of the curriculum is being done regularly to comprehensively address:
- _____ a. context of the educational process
- _____ b. specific curricular components

RATING
(1 TO 5)

_____ c. acquisition of long-term learning outcomes

_____ d. student progress

_____ e. social accountability

12. Program monitoring is done routinely to:

_____ a. ensure attainment of educational outcomes

_____ b. assess student progress

_____ c. identify areas in need of intervention

_____ 13. The results of program evaluation are utilized to enhance and/or revise the curriculum.

_____ 14. Faculty members participate in the development, evaluation, enhancement, and revision of the curriculum.

_____ 15. Students participate in the evaluation and revision of the curriculum.

_____ 16. The medical school utilizes faculty and student feedback to enhance and/or improve the curriculum.

17. Other stakeholders such as the community and alumni are:

_____ a. informed and asked for feedback on the performance of graduates.

_____ b. involved in curricular evaluation and revision.

_____ c. provided access to results of course and program evaluation.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

RATING
(1 TO 5)

II. Instructional Design and Materials

- _____ 1. An approved instructional design with objectives is required for each course.
- _____ 2. The instructional design provides for:
 - _____ a. sufficient exercises for the students to acquire basic knowledge necessary for the understanding of human biology and diseases.
 - _____ b. adequate experience for the students to develop desirable attitudes and values.
 - _____ c. development of communication and interviewing skills.
 - _____ d. development of physical examination skills.
 - _____ e. development of skills in the performance of laboratory procedures for primary care practice.
 - _____ f. development of interventional skills for primary care practice.
 - _____ g. development of evidence-based medicine.
- _____ 3. The instructional design is updated periodically.
- _____ 4. The instructional design indicates opportunities for independent study.
- _____ 5. The instructional design indicates training in research methodology.
- _____ 6. Instructional materials have depth and breadth expected in medical education.
- _____ 7. Students make extensive use of books, readings, handouts, audio-visual materials, and computer software as a part of program requirements.
- _____ 8. Facilities for classroom teaching and laboratory exercises are adequate.
- _____ 9. Teaching methods are suited to course content.
- _____ 10. Varied methods and approaches are used.
- _____ 11. Instructional procedures and techniques in the classroom encourage active faculty and student interaction.

RATING
(1 TO 5)

- _____12. There is a smooth flow of communication between faculty and students.
- _____13. Interdisciplinary and multidisciplinary approaches are used whenever possible.
- _____14. Methods and strategies contribute to the development of desirable values.
- _____15. Definite rules and policies for good classroom management are defined and enforced.

_____TOTAL

_____SECTION MEAN

COMMENTS

III. Evaluation, Grading, and Graduation Requirements

- _____1. Objective, valid, and reliable assessment techniques are used to evaluate student performance.
- _____2. The grading policy is well-defined.
- _____3. The grading policy as well as promotion and termination criteria are discussed with the students.
- _____4. Researches, term papers, projects, and other requirements reflect a scholarly level of achievement.
- _____5. The students are provided with timely, constructive, and specific feedback based on the assessment results.

RATING
(1 TO 5)

6. Student evaluations measure the breadth and depth of students' competence and performance in biomedical, social, and clinical sciences in terms of:
- _____ a. knowledge of facts and principles
 - _____ b. communication skills
 - _____ c. the ability to organize and integrate ideas and information
 - _____ d. the ability to analyze and synthesize ideas
 - _____ e. the ability to apply knowledge to actual case problem.
- _____7. There are specific policies which govern graduation requirements.
- _____8. The medical school provides for a system of appeal of assessment results.
- _____9. The graduation requirements reflect quality medical education.
- _____10. Requirements for residence are strictly enforced.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

IV. Program Management

1. Effective instruction is insured through:
- _____ a. an instructional design for each course.
- _____ b. supervisory dialogues between the dean, school officials, and faculty.
- _____ c. continuous faculty development and evaluation
- _____ 2. Innovations and experimentation are encouraged and supported by the administration.
- _____ 3. Academic excellence is promoted and encouraged through scholarships, awards, grants, etc.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 2: **EDUCATIONAL PROGRAM**

<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1. Educational Program/Curriculum	_____	x 10	= _____
2. Instructional Design and Materials	_____	x 5	= _____
3. Evaluation, Grading, and Graduation Requirements	_____	x 5	= _____
4. Program Management	_____	x 5	= _____
	SUM:	25	_____ / 25 =
	AREA MEAN		_____

List of Required Appendices

1. Statement of Vision-Mission-Goals (VMGs)
2. Description of the curriculum
3. Curriculum map
4. Course description per year level
5. Community rotation program
6. List of community extension projects
7. Evaluation/Grading system
8. Enrollment, attrition and promotion statistics
9. List of scholarships, awards and grants

List of Exhibits and Other Supporting Documents

1. Vision-Mission-Goals (VMGs)
2. Programme learning outcomes
3. Written curriculum/Instructional design: biomedical, behavioral and social sciences, clinical sciences, medical ethics, medical jurisprudence
 - a. curriculum map: KSA
 - b. intended learning outcomes
 - c. teaching learning activities
 - d. assessment method
 - e. resources
4. Curricular description
5. Instructional learning methods (samples): lectures, small group learning, problem-based or case-based or team-based
6. Evaluation scheme: promotion, retention and exclusion criteria
7. Samples of accomplished evaluation and grading methods
8. Curriculum evaluation and enhancement workshops/seminars/meetings
9. Minutes of meetings with the dean on academic matters
10. Program monitoring documents / Results including results of feedback
11. Attendance of faculty and administration in curriculum and program evaluation
12. Community programs / Projects in detail, including participants' (students, faculty, and community) attendance
13. Overall evaluation scheme / Grading system
14. Criteria for retention and promotion with statistics
15. Research projects and meetings during the formulation of the projects with feedback results
16. Minutes of meetings on promotion and mechanics for appeal
17. Actual appeal incident(s), if positive
18. Documentation of the dean's meetings / Dialogues with the faculty

19. Administrative support for academics - Detailed budget and utilization
20. Scholarships, Awards, and Grants: mechanics, recipients, outcome of scholars

CLINICAL EDUCATION PROGRAM AND SERVICE FACILITIES

Area 3

BASIS OF EVALUATION

In the medical school, the student must acquire sufficient knowledge in the clinical sciences, together with adequate clinical and professional skills, to assume appropriate responsibility after graduation. The student must spend a reasonable part of the program in actual contact with patients in relevant clinical settings, such as in ambulatory care or out-patient clinics, in hospitals with in-patients, and in the community. It is mostly in the community where the student practices health promotion and preventive medicine.

The medical school should ensure early patient contact gradually including participation in patient care. *Clinical skills include history-taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices. *Professional skills include patient management skills, teamwork and team-leadership skills, and inter-professional training.

Clinical training facilities are carefully chosen for the students' clinical rotations. This is where the students put into practice the theories they learn in the classroom. The facilities may not be necessarily state of the art but should be adequate for the students to at least develop competencies for primary patient care. The facilities should represent a variety of settings that are similar to the actual place of medical practice. They should include ambulatory care or outpatient care and in-patient care facilities.

In each of the facilities, there should be appropriate learning programs, adequate student supervision by competent faculty, and sufficient logistic support.

I. Ambulatory Care / Outpatient Care Facility

Students should rotate in a facility that offers health services to non-hospitalized patients. A suitable ambulatory care facility is one that provides a broad scope of medical services which include preventive and emergency services, management of acute and slowly progressive chronic illnesses, and personal and family counseling. The facility may be the outpatient department of the teaching hospital or university medical center or may be free-standing.

The facility should afford the student the opportunity to develop the skills of practicing holistic medicine and of coordinating the care provided by a number of disparate specialties as well as that of controlling patient access to specialists. The student should be able to observe the interactions of the specialties and tie them together in an effective way.

II. In-Patient Care Facility

The in-patient care facility, the base hospital, must be at least a Department of Health-licensed Level III hospital with accredited residency training programs in the 4 major departments of medicine, surgery, pediatrics, and obstetrics/gynecology.

The teaching hospital should provide the students in the lower year with patients with whom they can do their history taking, physical examination, and diagnostic tests. During clinical clerkship, the students must have the opportunity to manage, under supervision of the faculty, a broad range of critically ill patients. The hospital should at least admit adult medical and surgical patients, pediatric cases, and obstetrical and gynecological patients.

It should have competent consultants who are board-certified and residents to supervise the students as well as facilities of at least a secondary hospital.

EVALUATION FORM

CLINICAL EDUCATION PROGRAM AND SERVICE FACILITIES

RATING
(1 TO 5)

I. Ambulatory Care / Outpatient Care Facility

- _____1. There is a well-defined program.
- _____2. There is evaluation of the teaching program.
- _____3. The facility provides a wide scope of medical services.
- _____4. The program is anchored on holistic medicine.
- _____5. The student is involved in controlling patient access to specialists.
- _____6. The facility is equipped for at least primary medical care.
- _____7. The patient load represents a wide range of diseases of all ages and both sexes.
- _____8. There is an adequate patient load for the number of students assigned to the facility.
- _____9. There is adequate faculty supervision.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

II. In-patient Care Facility

- _____1. The hospital is a general hospital admitting a wide range of critically ill patients of all ages and both sexes.
- _____2. The clinical training program in the hospital is under the College of Medicine.
- _____3. There is a well-defined teaching program.
- _____4. There is evaluation of appropriateness and quality of teaching program.
- _____5. There is an adequate patient load for the number of students.
- _____6. There is student rotation in the emergency room, with supervision.
- _____7. There is a well-defined learning program in the emergency room assignment.
- _____8. There is student evaluation based on the learning program.
- _____9. There are academic activities such as seminars, CPC, grand rounds, etc.
- _____10. There are competent consultants in the major specialties.
- _____11. There is at least one board certified consultant in each department.
- _____12. The training hospital is at least Department of Health Level III with accredited training programs in Medicine, Pediatrics, Surgery, and Obstetrics-Gynecology.
- _____13. There is evaluation and improvement of facilities for clinical teaching.
- _____14. The hospital is properly maintained.
- _____15. It has a good recording system.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 3: **CLINICAL EDUCATION PROGRAM AND SERVICE FACILITIES**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Ambulatory Care / Outpatient Care Facility	_____	x	5	=	_____
2. In-Patient Care Facility	_____	x	5	=	_____
	SUM:		10		_____ / 10 =
			AREA MEAN		_____

List of Required Appendices

In-Patient Care Facility

1. List of departments, approved programs, and DOH accreditation
2. Number of beds and statistics on patient load
3. Services provided and major equipment
4. Teaching/Academic activities - CPC, grand rounds, conferences, etc.
5. Summary of consultants' profile
6. Description of record section and reports

Ambulatory Care / Outpatient Care Facility

1. List of services
2. List of trainings
3. Statistics on patients/clientele
4. Summary of consultants' profile
5. Teaching activities and schedule of consultant assignment

List of Exhibits and Other Supporting Documents

In-Patient Care Facility

1. List of departments, approved programs, and DOH accreditation
2. Number of beds and statistics on patient load
3. Services provided and major equipment
4. Teaching/Academic activities - CPC, grand rounds, conferences, etc.
5. Summary of consultants' profile
6. Description of record section and reports

Ambulatory Care / Outpatient Care Facility

1. List of services
2. List of trainings
3. Statistics on patients/clientele
4. Summary of consultants' profile
5. Teaching activities and schedule of consultant assignment

COMMUNITY EDUCATION PROGRAM

Area 4

BASIS OF EVALUATION

I. Community Involvement of the School

A social service orientation should permeate the medical school atmosphere to create in the students, faculty, and total academic community an awareness of social issues, deep concern for the needs of others, and a strong desire to commit themselves to community upliftment and social change.

The medical school's commitment to community service and development should be expressed in programs, projects, and activities which are well-planned, organized, implemented, and evaluated. These programs, projects, and activities should reflect ethical principles and values.

II. Community Health Program

The Community Health Program as a component of the Educational Program of Medical Schools should provide the laboratory or actual learning experience for students who are exposed to three years of Community Medicine in the medical school. The promotive, preventive, and therapeutic aspects which were learned in classrooms should now be applied in an actual learning experience in the community.

The Primary Health Care (PHC) Concept of making people healthy by making them responsible for their health must be participated in by the medical students. Students should experience community immersion where they must experience doing community diagnosis, working with the community in project planning, implementation and evaluation and documenting all these in a research work. Students should actively participate in the training of health workers and promoting sharing of responsibility of health maintenance between the community and the school.

Health promotion and disease prevention are emphasized with participation in disease protection. Community self-reliance is the keystone of the activities.

EVALUATION FORM
COMMUNITY EDUCATION PROGRAM

RATING
(1 TO 5)

I. Community Involvement of the School

- _____1. The medical school is involved in the provision of health services in the community.
- _____2. The school and the community share responsibility in the promotion and maintenance of community health.
- _____3. The medical school provides leadership in initiating and maintaining development projects for the community.
- _____4. Ethical principles and values are promoted.
- _____5. The medical school provides activities and programs to develop social awareness and concern in the students, faculty, and total school community.
- _____6. The medical school undertakes community projects outside of the school campus.
- _____7. The faculty, students, and non-teaching personnel are involved in community development projects.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

II. Community-Based Health Programs

- _____ 1. There is a well-planned community-based health program.
- _____ 2. The program follows the concepts and principles of primary health care.
- _____ 3. The students participate in:
- _____ a. community diagnosis
 - _____ b. community health planning
 - _____ c. community organizing
 - _____ d. participatory action research
 - _____ e. training of community health workers
 - _____ f. providing health services
- _____ 4. There is a space where the staff holds office.
- _____ 5. There is a systematic record keeping.
- _____ 6. The students are:
- _____ a. provided with transportation and living quarters.
 - _____ b. covered with insurance.
- _____ 7. There is a competent faculty supervision in the community.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

List of Required Appendices

1. Teaching program including rotation schedule
2. Primary health care activities
3. List of faculty supervisors

List of Exhibits and Other Supporting Documents

1. Teaching program including rotation schedule
2. Primary health care activities
3. List of faculty supervisors
4. Documentation on community program

RESEARCH

Area 5

BASIS OF EVALUATION

Health and medical research is a tool of health development. It is a responsibility of the medical school to undertake research and contribute to the fund of biomedical knowledge and technology for the development of Philippine medicine and the improvement of service delivery, as well as teach the students the principles and methods of research.

I. Human Resources

In evaluating a medical school, it is essential to look into the capabilities of the institution to undertake systematic and significant research. Activities in this area should be organized and preferably headed by a research director. Medical school faculty members must have training in research and actively engage in research. There must be evidence of research activities such as ongoing projects and publications in suitable scholarly journals, books, or other appropriate outlets.

II. Orientation

The philosophical orientation of research determines the direction which such efforts take. The research agenda of the school should conform to the national and regional research agenda. It should have social relevance in the area where the school is located.

III. Activities

Research designs and accompanying statistics courses should be taught vigorously, and student performance carefully monitored. Similarly, research methodology as well as quantitative and qualitative methods of investigation should be required courses.

Equally important are the opportunities being offered by the school to both students and faculty to participate in activities that promote an environment conducive to research and critical thinking. It must be established that there are frequent if not regular research seminars, workshops, and lectures on and off campus.

IV. Quality

There is evidence that the quality of research work follows internationally-accepted standards and that this is continuously evaluated by competent persons.

V. Ethical Standards

Medical schools should strictly observe the ethics of research. It is imperative that measures are taken to ensure integrity in research. Procedures undertaken should follow ethical principles. Documentation standards should be strictly enforced.

VI. Support from the Administration

It is important that there is sufficient support from the administration in terms of recognition of research work and provision of facilities and funding for research.

VII. Dissemination and Utilization

The evaluation must also look into the problem of whether the research studies, or at least articles and reports based on the findings of these studies are published by the school in appropriate journals and/or are translated into policies, programs, and/or products to improve healthcare delivery. The dissemination and utilization of research must complement research itself.

EVALUATION FORM

RESEARCH

RATING
(1 TO 5)

I. Human Resources

- _____ 1. Deliberate efforts are exerted for the faculty to undertake continuing enrichment in teaching and conducting research.
- _____ 2. The faculty has adequate experience in conducting research and teaching research courses.
- _____ 3. There is a designated competent research director or his/her equivalent who supervises research and publications of outputs.
- _____ 4. There are technical personnel who provide support to the faculty, such as biostatisticians, technicians, etc.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

II. Orientation

1. Deliberate and systematic efforts are made to orient research studies in:
- _____ a. promoting values.
- _____ b. promoting social uplift of the people and their access to health care.
- _____ c. enriching Philippine medicine and culture.
- _____ d. promoting the use of local materials and appropriate technology.

RATING
(1 TO 5)

- _____ e. adding to existing knowledge in the field.
- _____2. The medical school has a formulated and implemented policy that fosters the relationship between medical research and education.
- _____3. Research priorities are set and described.
- _____4. The medical school encourages and prepares students to engage in medical research and development.

_____TOTAL

_____ SECTION MEAN

COMMENTS

III. Activities

- _____1. Research is an integral part of the medical curriculum.
- _____2. The students are required to undertake research projects.
- _____3. Research seminars, workshops, and lectures for students and faculty are regularly offered.
- _____4. Sufficient statistical assistance for research is provided by qualified faculty members or consultants.
- _____5. Faculty members produce a fair amount of quality researches regularly.

_____TOTAL

_____SECTION MEAN

RATING
(1 TO 5)

COMMENTS

IV. Quality and Ethics of Research

1. Instructional materials provide for development of research skills
 - _____ a. in the selection of appropriate research problems.
 - _____ b. in the statement of problems, hypotheses, and objectives.
 - _____ c. in selecting appropriate research designs, study subjects, and methods and tools of data collection, processing, and analysis.
 - _____ d. in writing a research report.

2. There is evidence that research outputs are in accordance with acceptable standards of quality.
 - _____ a. Problem, hypotheses, and objectives are well-stated and appropriate for the study.
 - _____ b. The related literature is pertinent to the particular study.
 - _____ c. Study subjects are suitable and scientifically selected.
 - _____ d. The research instrument is valid and reliable.
 - _____ e. Data gathering is scientific.
 - _____ f. The research design is appropriate.
 - _____ g. Methods for data processing and analysis are appropriate.
 - _____ h. Analysis and interpretations of the findings are adequate and appropriate.

- _____ 3. All research proposals and outputs of the medical school are evaluated by a panel for technical and ethical reviews.

RATING
(1 TO 5)

- _____4. Measures are taken to ensure integrity in research.
- _____5. The principles of ethics are observed in procedures when undertaking research.
- _____6. Documentation standards are strictly enforced.

_____TOTAL

_____SECTION MEAN

COMMENTS

V. Support from Administration

- _____1. There is a reasonable equivalency between research and teaching.
- _____2. The administration considers highly specialized research training in the hiring and promotion of faculty.
- _____3. There is an administrative office for research with a director and support staff.
- _____4. Computer services are available for literature review and data processing and analysis.
- _____5. There are facilities for conducting research.
- _____6. There is a budget for research.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

VI. Dissemination and Utilization

- _____1. There is a venue for oral presentation of research output.
- _____2. There is a venue for publication of research output in the school.
- _____3. Faculty-generated researches are published in peer-reviewed journals, local, and international.
- _____4. The university implements the applicable research findings.
- _____5. Outside agencies/institutions implement applicable research findings of the medical school.
- _____6. The medical school uses medical research and scholarship as a basis for the educational curriculum.
- _____7. The medical school ensures that interaction between medical research and education influences current teaching.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 5: **RESEARCH**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Human Resources	_____	x	5	=	_____
2. Orientation	_____	x	5	=	_____
3. Activities	_____	x	5	=	_____
4. Quality and Ethics of Research	_____	x	9	=	_____
5. Support from the Administration	_____	x	4	=	_____
6. Dissemination and Utilization	_____	x	2	=	_____
	SUM:		30		_____ / 30 =
			AREA MEAN		_____

List of Required Appendices

1. Titles of scientific papers
2. Titles of publication, publisher, and year of publication
3. Copies of the school journal
4. Schedule of research fora, seminars and conferences

List of Exhibits and Other Supporting Documents

1. Scientific papers
2. Publications
3. School journal
4. Documentation on proceedings of fora, seminars and conferences
5. Programs and policies on research

STUDENTS

Area 6

BASIS OF EVALUATION

The students for whom schools exist must necessarily be a major concern of the medical school. The quality of the outcome is greatly dependent on the quality of the student recruits. Quality outcome will also be greatly affected by the retention and promotion processes. It behooves all those interested in quality medical education, therefore, to pay closer attention to the admission, retention, and promotion of students.

I. Admission

The admission requirements of the medical school should clearly provide for the proper selection and direction of prospective students who show reasonable capability for success in medical education. Policies and practices should clearly reflect the objectives of the medical school and the institution and should be in harmony with government regulations. These admission requirements should enable the school to select applicants to the program.

Such admission requirements should be reflected in policies and practices which include the following:

- a. specific criteria and how they are applied
- b. the person(s) or group(s) of persons who are involved in the actual admitting process
- c. required specific entrance credentials

II. Promotion, Retention, and Dismissal

The policies for promotion, retention, and dismissal must clearly indicate not only quality education but also an effective process for the identification and motivation of students with potential to complete their medical degree.

The policies and standards should reflect the following:

- a. institutional evaluation measures on the performance of the students between admission and candidacy for graduation
- b. periodic checks on student progress and eligibility indicating minimum performance requirements within a specific period of time
- c. fair and consistent application of the criteria to all students

- d. effective communication of such retention requirements to all medical students

III. Student Services

Support services offered to students are particularly necessary in the undergraduate program. Medical students need to be properly advised and counseled as to the directions they are supposed to take and timetables to meet. Referrals for services needed for them to fulfill all requirements are also necessary if only to ensure completion of all courses on time.

IV. Student Discipline and Department

The Student Handbook and the school's Bulletin of Information should contain the details of the policies, guidelines, and procedures on student discipline. There should be a Board of Discipline which handles complaints of students and a mechanism should be put in place by which complaints and grievances of students can be elevated to the higher authorities.

EVALUATION FORM

STUDENTS

RATING
(1 TO 5)

I. Admission

- _____ 1. The policies and practices of the medical school in the selection and admission of prospective students (beginning/transfer of students) are consistent with government regulations.
- _____ 2. The policies and practices of the selection and admission of medical students are supportive of and conform to the vision-mission and objectives of the:
- _____ a. university
- _____ b. medical school
- _____ 3. The policies and practices of the selection and admission of medical students are supportive of and conform to the institutional learning outcomes and graduate attributes.
- _____ 4. The admission criteria for the selection and admission of medical students are effective in identifying students capable of undertaking the medical curriculum.
- _____ 5. There is regular evaluation of admissions criteria.
- _____ 6. There is a system for appeal of admission decisions.
- _____ 7. There is a defined freshmen quota in accordance with national guidelines.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

RATING
(1 TO 5)

II. Promotion, Retention, and Dismissal

- _____ 1. The policies and criteria for promotion, retention, and dismissal of students are clearly stated and made known to the students.
- _____ 2. The academic policies used are effective in identifying and motivating students to complete the medical degree requirements.
- _____ 3. Minimum performance requirements enable medical students to meet degree requirements within acceptable time limits.
- _____ 4. All assessment results are made known to students.
- _____ 5. The academic policies are applied fairly and consistently to all students.
- _____ 6. There is adequate monitoring of attrition and completion.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

III. Student Services

- _____ 1. There are provisions for academic counselling that:
- _____ a. are based on monitoring of student's progress.
- _____ b. include career guidance and planning.
- _____ 2. There is a functional grievance mechanism for medical students.
- _____ 3. There is a competent referral system to deal with necessary services for all kinds of issues and problems.

RATING
(1 TO 5)

- _____4. There is a functional student support system to address personal and social needs.
- _____5. Confidentiality is ensured in relation to counselling and social support.
- _____6. There are opportunities for financial assistance to students, such as scholarships, financial grants, assistantships, etc.
- _____7. There is satisfactory support for student organizations and activities.
- _____8. Auxiliary services such as guidance, dental, medical, etc. are available.

_____TOTAL

_____SECTION MEAN

COMMENTS

IV. Student Discipline and Deportment

- _____1. The school has clear policies, guidelines, and procedures on student discipline which are spelled out in the Student Handbook and the school Bulletin of Information.
- _____2. There is a board of discipline which handles complaints of students.
- _____3. There is a mechanism by which student complaints and grievances can be elevated to the higher authorities.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 6: **STUDENTS**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Admission	_____	x	5	=	_____
2. Promotion, Retention, and Dismissal	_____	x	5	=	_____
3. Student Services	_____	x	3	=	_____
4. Student Discipline and Department	_____	x	3	=	_____
	SUM:		16		_____ / 16 =
			AREA MEAN		_____

List of Required Appendices

1. Student Handbook
2. Profile of students
3. Sample records of students
4. Number of graduates for the past three years
5. Admission, promotion, and retention policies
6. Results of licensure examinations for physicians for the past three years
7. Profile of alumni

List of Exhibits and Other Supporting Documents

1. Institutional learning outcomes and graduate attributes
2. Minutes of meetings of committee on admissions
3. System for appeal of admission decisions
4. Attrition rate
5. Academic counselling system
6. Mentoring program
7. Scholarships and financial grants
8. Student organizations and activities
9. Medical and dental services
10. Grievance mechanism

LIBRARY

Area 7

BASIS OF EVALUATION

A major factor that determines the quality of a medical school is its library. The library is a principal educational materials resource center of an institution. It also serves as the information storage and retrieval center. Its resources, services, and facilities support the institution's objectives. The operation of medical programs requires library resources substantially larger and more advanced than those required for other undergraduate programs. The library resources required for medicine vary widely but, in any case, they should be substantial and considerably exceed those for other courses.

I. Administration and Staffing

The library resources and services should be administered and operated by qualified and competent librarians assisted by trained support personnel, adequate in number as the curricular programs and the student population may require. The work assignments of the professional and support staff are commensurate with their qualifications and experience.

II. Financial Support

The school library should have an adequate budget for its operations, staffing, and development. The budget should not be less than 1 % of the annual operating expenses of the institution. The library should strive to seek additional support in the form of donations, gifts and exchanges, consortia arrangements, and special collections made available by outside agencies.

III. Holdings

The library holdings should be adequate in quality and quantity for the changing instructional and research needs of students and faculty. These holdings should exceed the CHED minimum requirements. The holdings must be varied and kept up-to-date and pertinent.

The library collections should be continuously and regularly evaluated against standard bibliographies and updated by the professional staff and faculty to ensure the quality of the collections.

IV. Organization and Maintenance of Collection

The library materials should be organized systematically for efficient use as well as for easy inventory. Announcements of new acquisitions should be regularly made. The technical and service functions of the library should form a coordinated efficient system.

To ensure the development of a good library collection, a written statement of selection and acquisition policies must be formulated by the library staff with the assistance of the faculty.

V. Library Services

There should be clear indications of frequent, judicious, and productive use of the library by the students and faculty. The following conditions must be present: (1) the library staff gives assistance in the efficient use of library facilities at hours and on days which fit medical students' schedules; (2) the library provides photocopying facilities; and (3) it has reciprocal arrangements with other libraries on the use of library resources.

VI. Management Information System

The modern library should have a computerized management information system. This facilitates library service to its clientele.

The system should be connected to providers of health and medical literatures such as the Internet websites, HERDIN, and other libraries.

VII. Physical Facilities

The facilities of the library should be easily accessible to the library clientele. It must be quiet, well-lighted, ventilated, and furnished with functional furniture and facilities. There must be sufficient space for the collections, work areas, and reading areas.

EVALUATION FORM

LIBRARY

RATING
(1 TO 5)

I. Administration and Staffing

- _____1. The organizational structure of the library is clearly drawn in an organization chart.
- _____2. The chief librarian directs and supervises the total operations of the library.
- _____3. The chief librarian is responsible for the preparation, justification, and administration of the library budget.
- _____4. The chief librarian has a master's degree or higher in library work.
- _____5. The chief librarian has experience in administrative and professional library work.
- _____6. The chief librarian participates in curricular planning.
- _____7. There are professional librarians to meet the needs of the medical school population.
- _____8. There is an adequate number of clerical and supportive staff.
- _____9. Professional librarians have faculty or academic status.
- _____10. Opportunities are provided for the professional growth of the library staff.
- _____11. Compensation, retirement, and other fringe benefits are competitive with those of other academic personnel with comparative qualifications, experience, and responsibilities.
- _____12. A Faculty Library Committee serves as liaison between the library staff and the faculty.

RATING
(1 TO 5)

_____13. The library maintains written policies and procedural manuals covering internal administration and operational activities.

_____TOTAL

_____SECTION MEAN

COMMENTS

II. Financial Support

_____1. The library is allocated an adequate budget for its operations and development.

_____2. Funds budgeted for the library resources and services are utilized exclusively for such purposes.

_____3. Library fees are spent exclusively for the library materials.

_____4. The accounting system for library funds conforms to the institution's standardized procedures and operations.

_____5. Where institutional funds are insufficient for the development of the library, other sources of financial assistance are sought over and above the annual library budget, such as endowments, donations, exchanges, gifts and cooperative reciprocal arrangements.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

III. Holdings

- _____ 1. The library holdings exceed the CHED minimum requirements.
- _____ 2. The library is balanced in its holdings, instead of an acceptable total which is overstocked in some areas and deficient in others.
- _____ 3. The reading materials and references are broad, varied and up-to-date in the different majors and fields of specialization.
- _____ 4. The collection of books, periodicals and other library materials is adequate to support the demands of scholarship, research, and instruction of both faculty and students.
- _____ 5. There is a strong reference collection for literature search, background readings, and information sources.
- _____ 6. Audio-visual materials and other instructional non-print materials are provided and easily accessible through adequate facilities and equipment.
- _____ 7. The quality of the collection is maintained through regular checking against standard bibliographies, thus avoiding unnecessary duplication of titles.
- _____ 8. The library has regular subscriptions to appropriate periodicals. *
- _____ 9. It has at least three professional journals for every curricular discipline. *
10. The medical school library maintains and improves the quality of its library holdings by seriously considering the recommendations of:
- _____ a. faculty members and professional library staff.
- _____ b. appropriate national professional organizations and learned societies.
- _____ c. internationally-recognized lists of books and periodicals.

_____ TOTAL

_____ SECTION MEAN

RATING
(1 TO 5)

COMMENTS

**Subscription to journals is no longer necessary if the school is part of the PCHRD Consortium on Journals or has a computer system that is connected to Internet websites.*

IV. Organization and Maintenance of Collection

- _____1. The collection is organized according to accepted classification scheme and cataloguing codes.
- _____2. There are written policies of acquisition and utilization of books, periodicals and non-print materials.
- _____3. These policies are efficiently implemented.
- _____4. Audio-visual materials are well-organized and easily accessible to students.
- _____5. Provisions are made for regular updating, general care and upkeep of library materials and bibliographical tools.
- _____6. There is an accessible and adequate research system: updated catalogues, vertical files, readers' guides/indices including bibliography of researches done in the Philippines and all the researches done in the school.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

V. Library Services

- _____1. A wide range of services is offered to users.
- _____2. There is evidence of maximum productive use of the library materials by students.
- _____3. There is evidence of maximum productive use of the library materials by the faculty.
- _____4. The library maintains regular and adequate hours of service on class days and non-class days.
- _____5. The library has special features and provisions to facilitate research work and ensure maximum access and availability of collections, such as carrels or areas where students can study undisturbed.
- _____6. Regular announcements are made about new acquisitions, library guides, publications, and other promotional activities.
- _____7. Inter-library loan arrangements are provided through consortium agreements and other resource-sharing arrangements.
- _____8. The system of records management and data retrieval is efficient.
- _____9. The faculty and administration receive direct feedback on utilization of library holdings.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

VI. Management Information System

1. The library has an adequate computer system for:
- _____ a. locating books / journals.
- _____ b. issuance of books / journals.
- _____ c. returning of books / journals.
- _____ 2. The library implements a policy which addresses effective and ethical use of information system.
- _____ 3. The library evaluates appropriateness of information and communication technology.
4. The Library Information System is connected to:
- _____ a. Internet websites
- _____ b. HERDIN
- _____ c. other libraries
5. The library has CDs of:
- _____ a. books
- _____ b. journals
- _____ 6. The library enables teachers and students to use existing and explicit appropriate new information and communication technology.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

RATING
(1 TO 5)

VII. Physical Facilities

- _____ 1. The library is easily accessible from any point of activity on campus.
- _____ 2. The medical school has a separate library.
- _____ 3. The library conforms to the standards regarding:
- _____ a. book shelves
- _____ b. space between shelves
- _____ c. filing cabinets and other standard library furniture
- _____ 4. The library is well-lighted.
- _____ 5. The library is properly ventilated.
- _____ 6. The library provides an atmosphere conducive to reading and study.
- _____ 7. The furniture and facilities are functionally and aesthetically arranged.
- _____ 8. Adequate work space is provided for the library staff.
- _____ 9. Adequate space and seating arrangements are provided.
- _____ 10. The open-shelf system is adopted.

_____ TOTAL

_____ SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 7: **LIBRARY**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Administration and Staffing	_____	x	4	=	_____
2. Financial Support	_____	x	4	=	_____
3. Holdings	_____	x	5	=	_____
4. Organization and Maintenance of Collection	_____	x	3	=	_____
5. Library Services	_____	x	5	=	_____
6. Management Information System	_____	x	3	=	_____
7. Physical Facilities	_____	x	3	=	_____
	SUM:		27		_____ / 27 =
			AREA MEAN		_____

List of Required Appendices

1. Library organizational structure
2. Library personnel qualifications profile
3. Library development program
4. Collection management plan
5. Acquisition policy
6. Library budget
7. Library performance report
8. Library fee collection and utilization
9. Library committee and its composition

List of Exhibits and Other Supporting Documents

1. Library organizational structure
2. Library personnel qualifications profile
3. Library development program
4. Collection management plan
5. Acquisition policy
6. Library budget
7. Library performance report
8. Library fee collection and utilization
9. Library committee and its composition
10. List of library holdings
11. Policies and procedures
12. Operations manual

GOVERNANCE AND ADMINISTRATION

Area 8

BASIS OF EVALUATION

An educational institution should have an administrative organization which facilitates the attainment of its goals and objectives. Academic and professional qualifications of administrators should normally meet the requirements of the Commission on Higher Education.

I. Administrative Organization

Under the law, an educational institution should be properly incorporated and should have as governing body a board of trustees, a board of regents, or a board of directors. The board has the responsibility of formulating the general policies of the main institution. The policies should be implemented through an adequate number of regularly constituted and qualified officials. Official documents preferably published in catalogues, manuals, or similar forms should contain a detailed description of the main institution and of the medical school. Organizational charts are desirable.

Formal communication lines should always be open between the administrators of the medical school and of the main institution, on the one hand, and the faculty and students, on the other. Such lines of communication should also be maintained between the student body and the faculty.

The school should make provisions for the participation of alumni in the affairs of the school.

II. Planning

Sound planning is a characteristic of all excellent institutions. The medical school should have regular or periodic planning sessions which involve the participation of the faculty and, whenever possible, qualified members of the student body. It is desirable that the medical school have its own long-range plans as well as realistic budgetary support for such plans from the main institution. Furthermore, the faculty and all administrators of the medical school must be aware of the plans, which should be available in appropriate documents.

III. Financial Management

It is essential that the financial affairs of an institution be well-organized and properly managed by qualified and competent personnel. Business functions should be clearly delineated to ensure the attainment of the educational objectives as well as the fiscal integrity of the school.

Financial management includes budgeting, accounting, auditing, requisitions, and purchase of supplies, and the preparation of financial reports. Where pertinent, the investment portfolio should be handled by qualified persons or managers properly designated by the administration. Should the medical school have its own trust fund or investment portfolio, the management of the fund should be clearly delineated as part of the medical school financial system.

The preparation of the budget should actively involve all sectors concerned in its implementation. There should be a sound salary administration for both academic and non-academic personnel.

The effectiveness of the performance of the business services and their sound financial management in carrying out the educational objectives of the medical school shall be considered the criterion of excellence.

IV. Administration of Records

The medical school should keep separate its own adequate records and reports. These records and reports must be accurate, meaningful, up-to-date, systematically filed, and accessible. There should also be clear policies and procedures to administer and protect the confidentiality of student records. Security arrangements of such records and reports should be appropriate and adequate.

Records and reports include Minutes of Board of Trustees' Meetings; Minutes of Faculty Meetings; Faculty Directory; Records of Faculty Trainings and Experiences; Records of Enrolment by Class, Sex, and Courses; Student Directory; Recorded Data for Statistical Use; Reports of Administrative Officers; Records of Scholarships Granted, among others.

V. Academic and Scholarly Connections

The strength and prestige of an institution of higher learning are often reflected by the membership of the institution in prestigious national and international organizations. For a professional school, such academic and scholarly connections are especially important. It is desirable to have the school accepted as a member of international learned societies and associations; the same is true of faculty members. Consortium arrangements with leading or prestigious schools in the area also contribute to the strengthening of the medical education program. Exchange professorships, as well as the presence of foreign visiting professors, if any, add to the reputation of the institution.

In the realm of grants, scholarships, and fellowships, it is desirable that the medical school be an active recipient of grants and fellowships from local or foreign foundations. Such grants usually include professorial and research grants, and contracts with private agencies and government.

EVALUATION FORM

GOVERNANCE AND ADMINISTRATION

RATING
(1 TO 5)

I. Administrative Organization

- _____1. The medical school clearly defines its governance structures.
- _____2. The medical school organizational chart is part of the institution's organizational chart.
- _____3. The medical school has its own detailed organizational chart.
- _____4. The organizational chart conforms to sound administrative principles.
- _____5. The members of the Board of Trustees of the institution have suitable academic qualifications.
- _____6. The membership of the Board of Trustees represents a broad section, with proven leadership.
- _____7. The governance structures reflect participation of stakeholders.
- _____8. The dean is highly qualified in terms of academic preparation, experience, and achievement.
- _____9. The qualifications of the officers in the dean's staff are satisfactory.
- _____10. There is an adequate complement of administrative personnel.
- _____11. The job description of the officers and staff are clearly defined.
- _____12. The dean is a full-time officer.
- _____13. The teaching load of the dean is reasonable in proportion to the size of the medical school.
- _____14. There is an internal program for quality assurance of management including regular review.

RATING
(1 TO 5)

- _____15. There is an open line of communication between the faculty and the administration.
- _____16. There is an open line of communication between the students and the administration.
- _____17. There is a system of providing contact between the alumni and the administration.

_____TOTAL

_____SECTION MEAN

COMMENTS

II. Planning

- _____1. The medical school is included in the institution's long-range plan.
- _____2. The medical school has its own long-range (5 to 10 years) plan.
- _____3. The long-range plan is realistic.
- _____4. The long-range plan is actually in operation.
- _____5. There is budgetary support for the long-range plan.
- _____6. Planning has the participation of a broad sector (down to the level of the faculty).
- _____7. Planning is a regular or periodic exercise.
- _____8. All sectors of the medical school are aware of the long-range plan.

_____TOTAL

RATING
(1 TO 5)

_____SECTION MEAN

COMMENTS

III. Financial Management

- _____1. The medical school has a distinct and separate budget.
- _____2. The medical school allocates resources to implement the curriculum.
- _____3. The dean actively participates in the preparation of the budget.
- _____4. The faculty members actively participate in the preparation of the budget.
- _____5. There is a sound salary administration policy for the academic staff.
- _____6. There is a sound salary administration policy for the non-academic staff.
- _____7. Officials handling financial matters are qualified.
- _____8. The medical school has its own accounting and auditing system.
- _____9. There is a system of external audit.
- _____10. The institution's investment portfolio is handled by qualified persons or parties.

_____TOTAL

_____SECTION MEAN

COMMENTS

RATING
(1 TO 5)

IV. Administration of Records

- _____1. Updated records of the medical school are kept separately in the Registrar's Office.
- _____2. Records are systematically filed.
- _____3. Proper policies and procedures to protect the confidentiality of students' records are followed.
- _____4. There are appropriate security measures for the safekeeping of records.
- _____5. There are reasonable procedures for servicing students' requests for academic records.
- _____6 Pertinent CHED requirements are met.

_____TOTAL

_____SECTION MEAN

COMMENTS

V. Academic and Scholarly Connections

- _____1. The medical school is a member of national and international learned societies or associations.
- _____2. Administrators and faculty members are members of prestigious local, national, and international learned societies.
- _____3. There are consortium arrangements with leading prestigious universities or other medical schools.
- _____4. There are foreign visiting or exchange professors on the medical school's staff.

RATING
(1 TO 5)

- _____5. There are chairs, grants, and donations from foundations.
- _____6. The medical school has constructive interaction with the local and national health units and other health sectors.
- _____7. The medical school has research contracts with government or private agencies.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 8: **GOVERNANCE AND ADMINISTRATION**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Administrative Organization	_____	x	3	=	_____
2. Planning	_____	x	2	=	_____
3. Financial Management	_____	x	5	=	_____
4. Administration of Records	_____	x	2	=	_____
5. Academic and Scholarly Connections	_____	x	4	=	_____
	SUM:		16		_____ / 16 =
			AREA MEAN		_____

List of Required Appendices

1. Institution's organizational chart
2. Medical school organizational chart
3. Composition and academic qualifications of the board of trustees
4. 5-10 Year Institutional development plan
5. 5-10 year Medical school development plan
6. Academic staff development plan
7. Non-academic staff development plan
8. Audited financial reports for the last three years
9. Medical school budget
10. Budget performance report
11. Institutional and medical school enrolment figures for the last three years
12. List of departments
13. Medical school administrators' academic qualifications and load profile
14. Salary scale
15. Salary administration policy for the academic staff.
16. Salary administration policy for the non-academic staff
17. List of professorial chairs
18. Membership in national and international learned societies or associations
19. Consortium arrangements with universities or other medical schools
20. Planning process and quality assurance mechanisms

List of Exhibits and Other Supporting Documents

1. Institution's organizational chart
2. Medical school organizational chart
3. Composition and academic qualifications of the board of trustees
4. 5-10 Year Institutional development plan
5. 5-10 year Medical school development plan
6. Academic staff development plan
7. Non-academic staff development plan
8. Audited financial reports for the last three years
9. Medical school budget
10. Budget performance report
11. Institutional and medical school enrolment figures for the last three years
12. List of departments
13. Medical school administrators' academic qualifications and load profile
14. Salary scale
15. Salary administration policy for the academic staff.
16. Salary administration policy for the non-academic staff
17. List of professorial chairs

18. Membership in national and international learned societies or associations
19. Consortium arrangements with universities or other medical schools
20. Planning process and quality assurance mechanisms
21. Administrative manual
22. Academic staff handbook/manual
23. Non-academic staff handbook/manual
24. Operations manual
25. Quality assurance manual, if any

FACILITIES AND OTHER RESOURCES

Area 9

BASIS OF EVALUATION

Medical program draws on the full range of institutional resources, namely, physical facilities, laboratories, equipment, and human resources-, to support the teaching programs of the medical school.

I. Human Resources

There should be adequate technical and specialized human resources for the various medical programs. These personnel should be provided with work space and the necessary facilities to enable them to carry out their responsibilities effectively.

II. Physical Resources

The medical school should have adequate physical plant and other resources to support its various activities.

III. Basic Laboratories

The medical school should have the laboratories needed for its programs. These laboratories should have the necessary equipment, materials, and supplies to support the instructional needs.

The facilities and equipment are well-maintained and are readily accessible to the various constituents of the medical school at schedules convenient to them.

IV. Audio-Visual Facilities

The medical school should have adequate audio-visual equipment and appropriate software. These include films, slides, tapes, CDs, charts, pictures, models, and overhead projectors, etc.

EVALUATION FORM

FACILITIES AND OTHER RESOURCES

RATING
(1 TO 5)

I. Human Resources

- _____1. There is an adequate complement of administrative personnel to ensure smooth daily operations.
- _____2. There are adequate specialized human resources in the various medical programs.
- _____3. Technical personnel maintain the laboratory facilities and equipment.
- _____4. Technical personnel are available in case of emergency or sudden breakdown of equipment.
- _____5. The faculty adviser is available for consultation.

_____TOTAL

_____SECTION MEAN

COMMENTS

II. Physical Resources

- _____1. There are enough classrooms for medical classes at scheduled hours.
- _____2. Classrooms are safe, well-lighted and ventilated, and free from noise.
- _____3. Rooms are readily available for medical school activities, such as comprehensive examinations, oral examinations, etc.

RATING
(1 TO 5)

- _____4. Faculty members have adequate office space and facilities to meet their institutional and research needs.
- _____5. The institution has the necessary laboratory facilities.
- _____6. There are provisions for students' amenities such as adequate study space, lounges, and lockers.
- _____7. There is available information on safety equipment, laboratory safety regulations, and protection from harmful substances, specimens and organisms.
- _____8. There is adequate audio-visual equipment.
- _____9. Mimeographing and photocopying facilities are readily available.
- _____10. Physical facilities are regularly updated and modified or extended to make developments in educational practices.

_____TOTAL

_____SECTION MEAN

COMMENTS

III. Basic Laboratories

- _____1. There is adequate laboratory space for the conduct of basic laboratory exercises.
- _____2. The laboratory has the necessary equipment and instruments to support the instructional needs of medical students.
- _____3. The medical student participates in the laboratory exercises.

RATING
(1 TO 5)

- _____4. Hoods, goggles, suitable fire extinguishers, and other provisions for safety are available.
- _____5. There is an effective system for the proper upkeep and maintenance of equipment, including chemical instruments.
- _____6. The medical school has reciprocal consortium arrangements with other universities, industries, or agencies whereby specialized equipment are made available for student laboratory.

_____TOTAL

_____SECTION MEAN

COMMENTS

IV. Audio-Visual Facilities

- _____1. There is adequate audio-visual equipment and appropriate software such as films, projectors, CDs, models, etc.
- _____2. There is regular update and evaluation of the audio-visual facilities.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 9: **FACILITIES AND OTHER RESOURCES**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Human Resources	_____	x	2	=	_____
2. Physical Resources	_____	x	2	=	_____
3. Basic Laboratories	_____	x	2	=	_____
4. Audio-Visual Facilities	_____	x	2	=	_____
	SUM:		8		_____ / 8 =
		AREA MEAN			_____

List of Required Appendices

1. Description of buildings
2. List of lecture halls/classrooms, discussion rooms, audio-visual rooms, conference rooms, etc.
3. List of audio-visual equipment and software
4. List of laboratories and laboratory equipment
5. Profile of technical staff

List of Exhibits and Other Supporting Documents

1. Description of buildings
2. List of lecture halls/classrooms, discussion rooms, audio-visual rooms, conference rooms, etc.
3. List of audio-visual equipment and software
4. List of laboratories and laboratory equipment
5. Profile of technical staff

CONTINUOUS RENEWAL

Area 10

BASIS OF EVALUATION

As a dynamic and socially accountable institution, the medical school must initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment, and learning environment of the program; rectify documented deficiencies; and allocate resources for continuous renewal.

The medical school should base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature. It should also ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experiences, present activities and future perspectives.

For the quality development standards, the medical school should address issues like modification of:

- a. mission statement;
- b. intended educational outcomes;
- c. the curriculum model and instructional methods;
- d. curricular elements and relationships in keeping with developments to ensure that new knowledge, concepts and methods are included;
- e. assessment principles;
- f. student recruitment policy, selection methods and student intake;
- g. academic staff recruitment and development policy according to changing needs;
- h. the process of program monitoring and evaluation; and
- i. the organizational structure and of governance and management to cope with changing circumstances and needs.

Although fulfilment of these standards varies with the stage of development of the medical school, available resources, educational policy, and other local conditions influencing relevance, priorities and possibilities should be ensured. The basic standards in principle, however, must be met by every medical school and their

fulfilment be demonstrated during the evaluation of the school. Fulfilment of both the basic and quality development standards should be documented by the medical school.

EVALUATION FORM
CONTINUOUS RENEWAL

RATING
(1 TO 5)

I. Updating of the Medical Education Program

1. The medical school regularly reviews and updates the process, structure, content, outcomes, assessment, and learning environment of the program based on:

- _____ a. prospective studies and analyses
- _____ b. past experiences, present activities and future perspectives
- _____ c. professional responsibilities
- _____ d. changes in demographic profile
- _____ e. socio-economic and cultural conditions

_____ TOTAL

_____ SECTION MEAN

COMMENTS

II. Recruitment and Development Policies

1. The medical school rectifies documented deficiencies including:

- _____ a. modification of student recruitment policies and selection criteria

_____ b. modification of academic staff recruitment and development policy

_____TOTAL

_____SECTION MEAN

COMMENTS

III. Allocation and Updating of Resources

_____1. The medical school allocates sufficient resources for continuous renewal.

_____2. The medical school updates educational resources according to changing needs.

_____TOTAL

_____SECTION MEAN

COMMENTS

IV. Monitoring and Evaluation

_____1. The medical school conducts refinement of the process of program monitoring and evaluation.

_____2. The development of the organizational structure and of governance and management should cope with changing circumstances and needs.

_____3. The medical school accommodates and values the interests of the different groups of stakeholders.

_____TOTAL

_____SECTION MEAN

COMMENTS

BEST FEATURES

RECOMMENDATIONS

STATISTICAL SUMMARY

Area 10: **CONTINUOUS RENEWAL**

<u>Section</u>	<u>Section Mean</u>		<u>Weight</u>		<u>Product</u>
1. Updating of the Medical Education Program	_____	x	10	=	_____
2. Recruitment and Development Policies	_____	x	7	=	_____
3. Allocation and Updating of Resources	_____	x	8	=	_____
4. Monitoring and Evaluation	_____	x	10	=	_____
	SUM:		35		_____ / 35 =
			AREA MEAN		_____

List of Required Appendices

1. Revisited mission-vision statement
2. Description of the review process and updating of the program
3. Procedures for the review and updating of the process, structure, content, outcomes, assessment and learning environment of the program
4. Updated program of study/Revised curriculum
5. Curriculum model and instructional methods
6. Modified intended educational outcomes of graduating students
7. Updated course syllabi
8. Updated profile of administrators/academic staff
9. Updated organizational structure/governance and management
10. Budget allocation for continuous renewal
11. Student recruitment policies and selection criteria
12. Staff recruitment policy
13. Staff development program
14. List of updated educational resources including facilities
15. Description of the process of program monitoring and evaluation
16. Summary of the program evaluation results
17. Revised policies and practices

List of Exhibits and Other Supporting Documents

1. Revisited mission-vision statement
2. Description of the review process and updating of the program
3. Procedures for the review and updating of the process, structure, content, outcomes, assessment and learning environment of the program
4. Updated program of study/Revised curriculum
5. Curriculum model and instructional methods
6. Modified intended educational outcomes of graduating students
7. Updated course syllabi
8. Updated profile of administrators/academic staff
9. Updated organizational structure/governance and management
10. Budget allocation for continuous renewal
11. Student recruitment policies and selection criteria
12. Staff recruitment policy
13. Staff development program
14. List of updated educational resources including facilities
15. Description of the process of program monitoring and evaluation
16. Summary of the program evaluation results
17. Revised policies and practices
18. Other Relevant and Appropriate Documents

GENERAL STATISTICAL SUMMARY

BASIC MEDICAL EDUCATION PROGRAM

	<u>Area</u>	<u>Area Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Faculty	_____	x 10	= _____
2.	Educational Program	_____	x 10	= _____
3.	Clinical Education Program and Service Facilities	_____	x 8	= _____
4.	Community Education Program	_____	x 8	= _____
5.	Research	_____	x 8	= _____
6.	Students	_____	x 7	= _____
7.	Library	_____	x 7	= _____
8.	Governance and Administration	_____	x 6	= _____
9.	Facilities and Other Resources	_____	x 6	= _____
10.	Continuous Renewal	_____	x 5	= _____
	SUM:		75	_____ / 75 =
		AREA MEAN		_____