



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

**HEALTH PROGRAMS
SURVEY INSTRUMENT**

2021

Philippine Accrediting Association of Schools, Colleges, and Universities

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GUIDELINES TO ACCREDITATION

INTRODUCTION

The purpose of the Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU) is to support member schools in their journey towards quality improvement founded on the institution's educational philosophy and its unique vision and mission. This purpose is grounded on the fundamental principle that quality is primarily the school's responsibility and that the external quality assurance initiative complements this. PAASCU envisions accreditation as a continuous development process that engages the entire school community and its stakeholders in a careful and thorough evaluation of its objectives, plans, programs, systems, resources, and results through self-survey and an external review by peer educators.

The accreditation process involves assessing different areas: Leadership and Governance, Quality Assurance, Resource Management, Teaching-Learning, Student Services, External Relations, Research, and Results. The interrelationship among these areas is vital in ensuring the school's programs' quality towards achieving the school's vision and mission. PAASCU believes that the quality of the school's programs and services determines the overall quality of the institution that offers such programs and services.

In recent years local and international agencies have defined standards to be used in quality assurance processes. PAASCU now shifts to principles-based standards in the accreditation process that focuses on principles rather than a list of good practices in the various areas to be assessed in the accreditation process.

ACKNOWLEDGEMENT

The Board acknowledges the hard work done by the Institutional Accreditation Working Group who drafted the instrument and the Board of Trustees' Standards Committee.

The Commission on Tertiary Education members drafted the survey instrument based on the Institutional Accreditation Instrument to ensure alignment.

1. ACCREDITATION OF HEALTH PROGRAMS

1.1. Quality Assurance

PAASCU has adopted a four-fold definition of quality as:

1. Achievement of minimum standards based on learning outcomes
2. Achievement of evidenced excellence based on learning outcomes
3. Implementation of the vision, mission, and goals of the school
4. Responsiveness to stakeholders

1.2. Accreditation

Educational accreditation is a quality assurance process where an external body evaluates the operations of educational institutions or programs to determine if standards are met as the basis for granting an accreditation status. Accreditation is the formal and public statement by an external body, resulting from a quality assurance procedure that agreed standards of quality are met by an institution or program (Van Damme, UNESCO Higher Education in the Age of Globalization, 2001).

An accredited status from PAASCU indicates that an educational institution or program has met its defined standards. There is a sufficient basis for assuming that the educational institution or program will continue doing so in the future.

The PAASCU accreditation process does not prescribe any specific way of proceeding. It seeks to encourage institutions or programs to aspire for and work towards higher levels of excellence as defined in its quality standards. The focus is on the context and needs of the institution or program under survey; hence, the process allows these institutions and programs to be innovative in exploring solutions to the challenges they face.

2. ACCREDITATION FRAMEWORK

2.1. Accreditation Framework

In conducting institutional accreditation, the following framework is adopted:

Strategic and Systemic QA		Process QA		Results
1. Leadership and Governance		4. Teaching-Learning		8. Results
2. QA Systems	→	5. Student Services	→	
3. Resource Management	←	6. External Relations	←	
		7. Research		

The framework above has eight areas to be assessed. These areas include three areas under Strategic and Systemic Quality Assurance, four areas under Process Quality Assurance, and the area covering the Results. The arrows denote the constant interplay among the different areas in continuously upgrading educational quality and services.

2.2. Program Accreditation Framework

The eight areas and 23 subareas were all looked into when the school initially had its Liberal Arts and Sciences, Business, and Education programs accredited or any program accredited by the PAASCU considering all areas and subareas. The accreditation of any of these programs is necessary before undertaking the accreditation of the Health programs. This practice is the reason why in conducting the accreditation for these programs, only the following areas are considered:

- Area 3. Resource Management (1 sub-area)
 - Sub-area 3.1 Human Resources

- Area 4. Teaching-Learning (3 sub-areas)
 - Sub-area 4.1 Curricular Programs
 - Sub-area 4.2a Teaching and Learning Methods
 - 4.2b Teaching and Learning in the laboratory, hospital, and community settings
 - Sub-area 4.3 Assessment Methods

- Area 6. External Relations (2 sub-areas)
 - Sub-area 6.1 Networks, Linkages, and Partnerships
 - Sub-area 6.2 Community Engagement and Service

- Area 7. Research (1 sub-area)
 - Sub-area 7.1 Research Management and Collaboration

- Area 8. Results (3 sub-areas)
- Sub-area 8.1 Educational Results
 - Sub-area 8.2 Community Engagement and Service Results
 - Sub-area 8.3 Research Results

However, it should be noted that the survey visit will be limited to the above areas and sub-areas when an institution has been awarded "clean" accreditation in any of the programs previously visited, i.e., Liberal Arts, etc. Also, the Health programs will be conducted in the first two years after the awarding of such status. Suppose the survey on these programs will be visited three years after. In that case, the institution will be requested to prepare a Progress Report on implementing the recommendations given by the last survey team in the other areas and sub-areas not included in the above.

2.3. Alignment of PAASCU Framework with other QA Frameworks

The framework adopted by PAASCU is aligned with regional and international frameworks on quality assurance. The following were used as benchmarks in the preparation of the instrument:

1. ASEAN Quality Assurance Framework (AQAF) Internal Quality Assurance Principles
2. ASEAN University Network (AUN) Guide to Assessment at the Institutional Level
3. Commission on Higher Education (CHED) Institutional Sustainability Assessment Self-Evaluation Document (ISA-SED)
4. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) Standards and Guidelines for Internal Quality Assurance

2.4. Development of the 2021 Principles-Based Standards

The evolving and challenging higher education landscape globally and the continuing evolution of accreditation in form and substance served as an impetus in pivoting PAASCU's approach to program accreditation from functional to one that uses principle-based standards. The program accreditation standards are designed to ensure the provision of high-quality educational experiences. These standards reflect principles of good practice and are supported by a set of criteria that subscribes to the Plan-Do-Check-Act (PDCA) cycle. The standards are not prescriptive as PAASCU understands that high-quality education can be achieved in various ways. However, the standards and how the program executes them should allow for consistency in the quality of program delivery. The program standards define the quality, effectiveness, and continuous improvement expected of accredited programs. They serve as indicators of a program's ability to fulfill its unique purpose, deliver quality education, and promote student achievement is comprehensively examined.

Each of the standards articulates a dimension of the quality of a program. In applying the Standards, PAASCU assesses and decides the effectiveness of the program as a whole. A program that meets the Standards indicates that:

- its purposes are clearly defined and appropriate to an institution of higher learning;
- defined learning outcomes are achieved;
- its practices are aligned with defined standards and criteria; and
- it is unceasingly striving for continuous improvement.

Therefore, it is essential to understand that a program must demonstrate substantial compliance with the standards regardless of location or delivery modalities to earn accreditation.

2.5. The Survey Instrument

The survey instrument consists of the following:

1. the main area for review and evaluation;
2. the standards under each area;
3. a set of criteria against which the achievement of the standard is measured;
4. a brief explanation of the standard;
5. a series of guide questions to assist the institution in assessing its compliance with the standards and criteria; and
6. a suggested the list of evidence.

The set of criteria will be rated using the guidelines provided below in the Self-Survey Report section of this guideline.

3. PROGRAM ACCREDITATION

Program accreditation applies to academic programs, departments, institutes, or schools that are parts of an institution. The accredited unit may be as large as a college, or school within a university, an academic program, or course within a discipline. The accredited status of one department or specific program/course does not extend to other programs within the same department or departments in the institution.

This survey instrument is for program accreditation.

4. THE SELF SURVEY REPORT

The first and critical component of the accreditation process is a rigorous and comprehensive self-evaluation of the institution's educational resources, methods, and results. Self-evaluation aims to understand, evaluate, and improve, and not merely to defend what already exists. A well-conducted self-evaluation should result in a renewed effort to reflect on quality assurance

practices and outcomes towards ongoing school improvement. The self-evaluation is expected to be an inclusive process. It becomes optimally effective when completed by a diverse group of key stakeholders (i.e., administrators, faculty, students, staff, alumni, etc.) knowledgeable about the institution and its academic programs. Stakeholder engagement allows for a fair and objective assessment of how well the institution has achieved its vision, mission, and objectives for self-improvement. The self-survey report and the supporting evidence provide the institution the opportunity to demonstrate to the survey team that it has complied with the standards.

The **self-survey report (SSR)** is an account of the institution's QA practices. The institution here refers to the college, school, or department managing the programs under accreditation. The criteria checklist under each standard guides what to account for in the institution's quality system.

The SSR is written following the sequencing of the area and standards. The write-up mainly describes how the institution meets the criteria under each standard. Therefore, only the set of criteria under each standard will be rated.

The SSR should be submitted in softcopy to the PAASCU Secretariat two months before the site visit.

4.1. Contents of the Self Survey Report

The SSR has six parts: School Profile, Follow-up Action on the Recommendations of Previous Survey, Analysis of School/Program Practices Using the Survey Instrument, Conclusion, Appendices, and Summary of Ratings.

PART 1: School Profile

This section provides the following information about the school:

1. A brief history of the school
2. Vision, mission, goals, objectives, and core values of the school
3. Organizational structure
4. Governing Board and list of top executives
5. Educational programs, including student population for each program and accreditation level
6. Enrollment data per year level of the program under survey (3-year data for a preliminary visit, 2-year data for a formal visit, and 5-year for resurvey visit)
7. Description of the regulatory environment in which the institution operates
8. Identified strategic challenges, including planned and implemented strategies to address the same.

PART 2: Follow-up Action on the Recommendations of Previous Survey (only for formal and resurvey visits)

PART 3: Analysis of the School/Program Practices Using the Standards and Criteria

A write-up describes the program quality practices using the criteria under each standard. The write-up should meet the following requirements:

1. It should provide information that focuses on how the school meets the criteria under each standard. An explanation should be provided if the school partially or did not comply with the criteria.
2. The information should be presented based on the sequencing of the criteria. They should be written in whole sentences but should be straightforward, concise, and factual. More importantly, the information should be based on evidence that is presented immediately after such information. The evidence should be clickable to ensure immediate access. Each standard provides a checklist of suggested evidence. The institution may present other additional evidence to support its claim.
3. In the presentation of evidence, the following guidelines should be considered:
 - a. Where statistical data, graphs, tables, or matrices are used, label the same and present them within the narrative or attach them to the SSR with appropriate reference. Where a policy statement is used, summarize the policy or attach the same to the SSR with proper reference.
 - b. The documents and any other evidence used to support the information provided should be listed per standard and attached to the SSR. If the same evidence supports multiple standards, attach the evidence once and list it under each relevant standard.
4. The write-up should be descriptive and analytical, citing both the strengths and weaknesses of the practice related to the criteria. The guide questions and the explanations can assist in analyzing the quality practices of the institution. When analyzing the institution's quality practices, it is also important to benchmark with the practices of other reputable institutions or with those that are considered 'good' practices.
5. The school should provide a rating for each criterion under each standard based on the following scale:

RATING	MEANING	REMARKS
5	Excellent	The practice is exemplary and serves as a model to others. The implementation of the criterion has led to excellent results.
4	Very Good	The criterion has been effectively implemented, and this has led to very good results.
3	Good	The criterion has been implemented adequately and has led to good results.

2	Needs Minor Improvement	The criterion has been implemented but needs minor improvement. In addition, the implementation has led to inconsistent or limited results.
1	Needs Major Improvement	The criterion has been inadequately implemented and needs significant improvement. The implementation has led to insignificant or unsatisfactory results.
0	Not Implemented	The criterion has not been implemented. Furthermore, no evidence is presented to show that initiatives have been carried out to implement it.

PART 4: Conclusion

This section provides the following:

1. An overall assessment of the program's compliance with the standards
2. Summary of the strengths per area
3. Summary of planned initiatives to address weaknesses identified per area

PART 5: Appendices

This section contains the evidence that is identified in the self-survey report. This section consists of the following:

1. List of the supporting evidence
2. The actual evidence

For virtual visits, these supporting documents are accessed using the digital storage facility of the school. Therefore, when evidence is cited in the narrative, reference to that evidence is clickable, so the actual evidence can immediately be viewed.

PART 6: Summary of Ratings

5. THE SURVEY VISIT

The **site visit** will be scheduled in advance and not earlier than two months after submitting the SSR to the PAASCU Secretariat. External accreditors assigned by PAASCU will undertake the two-day visit.

The typical PAASCU Survey Team will be composed of accreditors who will be assigned to handle the following areas:

Accreditor 1a	Leadership and Governance Results: Financial and Competitiveness
Accreditor 1b	QA Systems Resource Management
Accreditor 2a	Teaching-Learning Results: Education
Accreditor 2b	Student Services
Accreditor 3a	External Relations Results: Community Engagement and Service
Accreditor 3b	Research Results: Research

The number of accreditors may change depending on the number of programs being accredited.

The visit usually includes the following activities:

1. Accrediting Team meetings
2. Interviews and meetings with various stakeholders groups
3. Observations
4. Review of exhibits
5. Writing of report
6. Wrap-up session
7. Debriefing to Management and Self Survey Team

6. PAASCU SURVEY REPORT

The site visit will result in a survey report that represents the institution's assessment against the checklist. The report is used as the basis for determining the accreditation status to be granted.

The Chair will be responsible for collating the inputs from each accreditor to come up with a consolidated, coherent, and concise report that corresponds to the team's judgment.

The survey report should contain the following:

1. Chairman's report containing the following:
 - a. Introduction
 - b. Summary of Area Reports
 - c. Preparation of the Program Self-Survey by the Institution
 - d. Recommendation of the Team
 - e. Conclusion
2. Summary of Ratings
3. Write-up per area containing the following:
 - f. Evidence – a short description of the evidence gathered
 - g. Analysis – a consideration of the extent of alignment of practice with the criteria based on the evidence presented
 - h. Commendations, if any
 - i. Recommendations, if any

The ratings of the criteria under each standard are averaged to arrive at the **average rating per standard**.

The average ratings per standard in an area are averaged to arrive at the **average area rating**.

The five area average ratings are averaged to arrive at the **overall survey rating**.

7. COMMISSION REVIEW AND BOARD APPROVAL OF ACCREDITING TEAM'S DECISION

Additional Requirements to Pass a Formal Survey or Resurvey Visit:

The following criteria need to be complied with to pass a survey or resurvey visit:

I. Academic Qualifications of Program Administrators (Dean, Program Chair, Program Heads or Coordinator)

Program administrators must possess the required academic degrees/qualifications as stipulated in the most recent CHED's Policies, Standards, and Guidelines (PSGs) of the program being accredited.

II. Faculty Requirements and Teaching Assignments

Regardless of status (full-time, part-time), Faculty members must possess the required academic qualifications as stipulated by the most recent CHED's PSGs of the accredited program.

III. Teaching Assignments

Full-time faculty members must teach 50% of all courses, and master's degree holders must teach 40% of all General Education courses in their field of specialization.

IV. Performance in the Licensure Examination

For programs with a licensure examination, the performance of graduates must consistently be above the national passing average or at par with the national average. The yearly performance will be calculated based on the simple average of results for programs with two or more examinations in a year.

The team's report is submitted to the Commission and the Board for review and final approval.

8. FAAP CERTIFICATION OF THE ACCREDITATION LEVEL

The Board of Trustees' decision will be forwarded to the Federation of Accrediting Agencies of the Philippines (FAAP), certifying the level of accreditation.

9. RELEASE OF ACCREDITATION DECISION TO THE INSTITUTION WITH THE SURVEY TEAM REPORT

The PAASCU Secretariat will inform the school of the accreditation decision and provide the accreditation report after the Board's approval and the FAAP certification.

SURVEY INSTRUMENT

AREA 3. RESOURCE MANAGEMENT

Sub-area 3.1. Human Resources

STANDARD 8.

The institution has adequate and qualified human resources, both teaching and non-teaching, that enable it to perform its teaching, research, and community service functions. It has programs in place for the recruitment, selection, hiring, deployment, training, and retirement of personnel.

Criteria	Rating
1. Human resource plans, policies, and programs are defined and implemented to enable the institution to achieve its teaching, research, and community service functions.	
2. Recruitment, selection, and hiring policies are formulated and communicated and are consistently applied.	
3. Training and development programs are needs-based and are provided to both full-time and part-time employees.	
4. Deployment, promotion, succession, and career pathing programs are in place.	
5. Consistency of the teaching and work assignments with the personnel's qualifications and capabilities are ensured.	
6. A performance management system covering job evaluation, reward, recognition, coaching, and mentoring is in place.	
7. Salaries, incentives, and benefits are set at levels that ensure attracting and retaining qualified staff.	
8. Provisions for resignation, termination, and retirement are in place.	
9. There is a sufficient workforce to attend to the needs of the institution.	
10. The working environment is risk-free and safe for the employees.	
11. Human resource plans, policies, and programs are periodically assessed for improvement.	
Average Rating	

Explanation:

Plans, policies, and programs on recruitment, selection, hiring, deployment, training, and retirement define an institution's workforce quality. Career paths, if correctly identified and monitored, will result in productive and fulfilled personnel. A highly motivated workforce greatly enhances the delivery of services in an institution. Management should take responsibility for ensuring the safety, growth, and well-being of its human resources.

Guide Questions:

- Are the HR plans, policies, and programs on human resources defined, communicated clearly, and supportive of institutional and college/program goals?
- How are the recruitment, selection, and hiring policies formulated and consistently applied?
- Are there specific contracts that define the job functions, terms of employment, and tenure for all personnel?
- How does the institution ensure that the training and development plans for the academic and non-academic personnel are participative, relevant, and needs-based?
- Do personnel participate in the formulation of their career goals and plans?
- Are deployment, promotion, and succession policies clear to all concerned?
- How does the institution ensure the consistency of the teaching and work assignments with the personnel's qualifications and capabilities?
- Is there a performance management system that covers reward, recognition, coaching, and mentoring?
- What are the provisions for staff orientation and discussion of personnel-related issues and concerns?
- Are there explicit provisions for resignation, retirement, and termination?
- How do the institution and program ensure that the workforce is sufficient to meet the teaching and clinical needs called for by the program?
- What mechanisms are in place to ensure the work environment is risk-free and safe for the employees in the campus and clinical areas?
- How are the plans, programs, and policies regularly evaluated for improvement?

Sources of Evidence:

- Employee profiles (including clinical preceptors)
- Organizational chart
- Human resource manual
- HR plans and programs
- Job descriptions
- Recruitment, selection, and hiring criteria
- Employment contracts
- Training needs analysis
- Training and development plan and budget
- Performance management system
- Job performance appraisal system
- Salary and benefits, ranking and promotion scheme
- Resignation, termination, and retirement policies
- Succession plans
- Personnel and faculty files (including clinical preceptors)
- Faculty retention and turnover reports

AREA 4. TEACHING-LEARNING

Sub-area 4.1. Curricular Programs

STANDARD 11.

A system to design, develop, and review the program offerings is established, ensuring alignment with the institutional vision-mission and goals, with program objectives and learning outcomes, and relevant to meeting stakeholders' needs.

Criteria	Rating
1. The program offerings are aligned with the vision, mission, and goals of the institution.	
2. A system with defined policies, guidelines, and processes in the design, development, review, and periodic updating of program offerings is established.	
3. The program and course objectives, including the expected learning outcomes, are established.	
4. The course offerings are adequate in scope and depth to achieve the program, course and learning outcomes	
5. Delivery plans and syllabi are developed for each course and communicated based on expected learning outcomes.	
6. The system of managing program offerings is regularly reviewed and assessed for improvement and updating.	
7. Students and key stakeholders participate in the design, development, review, and periodic updating of program offerings.	
Average Rating	

Explanation:

A system to ensure that program offerings are designed, developed, reviewed, and updated is established and functioning effectively. In creating the program offerings, alignment with the institution's vision, mission, and goals is ensured, and that the design considers stakeholders' needs and expectations. Developing the program includes defining the learning outcomes and determining the program structure and content. The achievement of the learning outcomes, including the review of the curriculum, is regularly done.

Guide Questions:

- How are the institutional vision, mission, and goals reflected in the various curricula/course offerings?
- What process does the health/allied health program follow in curricular development, review, and revision?
- Who is responsible for designing and developing the curriculum?
- Who is involved in the process of curricular design, development, review, and revision?
- How are the learning outcomes established and communicated?
- Who is responsible for implementing the curriculum?

- What processes are in place for the development of the learning plans and syllabi?
- What are the mechanisms to ensure learning plans and syllabi lead to the attainment of the learning outcomes?
- How are the programs and courses evaluated?
- What benchmarking activities does the health/allied health program engage in to ensure its curricula are relevant and comparable to other institutions?
- What process is undertaken to review and assess the relevancy and attractiveness of program offerings?
- What mechanisms are in place to ensure the participation of students and key stakeholders in the design, development, review, and periodic updating of curricular offerings?

Supporting Evidence:

- Curricular development and review process
- Curriculum committee composition, functions, and minutes of meeting
- Curricular offerings
- Bulletin of Information
- Reports of external examiners or accrediting agencies
- Course syllabi and development plan
- Faculty and student feedback on program and course offerings
- Employer feedback on graduates report
- Curricular evaluation reports
- Policies and guidelines formulated related to this standard

Sub-area 4.2a. Teaching and Learning Methods

STANDARD 12.

A system to select, develop, and evaluate the appropriate teaching and learning methods and activities is established to achieve the desired learning outcomes.

Criteria	Rating
1. There is a system to select, develop, use, and evaluate appropriate teaching and learning methods and activities.	
2. The methods and activities employed are aligned with the educational philosophy of the institution.	
3. Stakeholders' feedback is considered in selecting, developing, and using teaching and learning methods and activities.	
4. The methods and activities adopted to promote the achievement of the learning outcomes and life-long learning.	
5. The methods and activities employ a learning management system and new modalities in the delivery of flexible learning.	
Average Rating	

Explanation:

The teaching and learning approach reflects the institution's educational philosophy and should facilitate the expected learning outcomes and promote life-long learning. A system should be established to ensure appropriate teaching and learning methods and approaches are selected, deployed, and regularly evaluated by relevant stakeholders. In addition, the schools provide continuous training in the use of new methodologies.

Guide Questions:

- What is the existing framework used by the health program in achieving the desired learning outcomes?
- How is the framework utilized to select, develop, use and evaluate appropriate teaching and learning methods and activities?
- How is the existing framework aligned with the educational philosophy of the institution?
- What are the different methods and activities adopted?
- How are the methods and activities aligned with the expected learning outcomes?
- How does the program gather and use feedback in selecting, developing, and using teaching and learning methods and activities?
- What methods and activities promote life-long learning?
- What methods and activities promote the achievement of learning outcomes?
- How do these methods and activities promote the achievement of the learning outcomes and promote lifelong learning?
- What are the processes employed to monitor and evaluate the methods and activities deployed for improvement?

- How are teaching and learning methods and activities evaluated and improved?

Supporting Evidence:

- The educational philosophy of the institution
- Teaching strategies and instructional methods
- Faculty and student feedback on teaching and learning strategies employed
- Evaluation reports on teaching and learning methods and activities
- Reports on practical training, projects, and other action-learning activities
- Internship reports
- Community service reports
- Industry immersion program for full-time faculty
- Industry exposure

Sub-area 4.2b. TEACHING-LEARNING in the laboratory, hospital, and community settings

Criteria	Rating
1. A system with defined policies, guidelines, and processes is established in the design, development, review, and periodic updating of the Related Learning Experience (RLE)/Clinical Education (CE) /Internship program.	
2. The RLE/CE/Internship programs are developed for each course based on attaining the Level outcomes and competencies and anchored on the institutional vision and mission.	
3. The activities are aligned with the classroom concepts and offerings.	
4. There is an established system to monitor students' performance during the RLE/CE/Internship programs.	

Explanation:

This sub-area refers to the laboratory, hospital, and community settings utilized for the teaching-learning opportunities of students enrolled in the various health programs. These settings allow for the development and strengthening of competencies needed to practice the profession.

Guide Questions:

- What process does the program develop, review, and revise the RLE/CE/Internship programs?
- How does the program implement the general rules on RLE/CE/Internship training?
- Who is responsible for designing, developing, and implementing the RLE/CE/Internship programs?
- How are the programs developed for each course?
- Who is involved in the development of the programs?
- How are the activities in the training program designed to meet the attainment of the program outcomes and competencies?
- What safeguards are done to ensure the development of competencies specific to the year level?
- What processes are utilized to ensure concurrency and timely accomplishment of learning outcomes in the RLE?
- How are students' performance monitored?
- What are the assessment instruments and mechanisms used? (e.g., rubrics, portfolios)?
- Who is involved in determining assessment instruments and mechanisms?
- How is the feedback mechanism utilized to provide students with an awareness of their performance?

Supporting Evidence:

- RLE/CE/Internship student handbook
- The master rotation plan (to include the ratio of patient/client to Intern/student)
- Planned clinical instruction program or RLE Focus
- Performance assessment tools
- Procedure manual
- Proceedings and attendance during consultative meetings with stakeholders
- Hospital-School MOA/proof of affiliation
- Sample attendance of students and clinical instructors, evaluation forms utilized
- Student's journal in the clinical area
- Pre-deployment documents of the interns (e.g., Vaccines/ Insurance/ Medical certificates)
- Accreditation and other relevant permits of the laboratory
- Instructional Design (role-specific)
- Clinical supervisor's / instructor's profile
- Inventory of equipment and supplies
- Facility floor plan

Sub-area 4.3. Assessment Methods

STANDARD 13.

A system is in place to plan and select the most appropriate assessment types to achieve the expected learning outcomes.

Criteria	Rating
1. There is an established system to track students' progress from admission, their progression from one level to the other up to the time of graduation.	
2. Various assessment methods are used to determine the achievement of the expected learning outcomes.	
3. Results of the assessment are utilized to validate learning outcomes that are valid, reliable, and fair.	
4. Exit interviews of graduating students are regularly conducted to serve as inputs for assessment methods and course improvements.	
5. Methods for assessment and results are regularly reviewed and evaluated for improvement.	
Average Rating	

Explanation:

Student assessment provides a link between student performance and learning outcomes. It is the gauge of how the curricular programs and the delivery of instruction helped the students achieve the expected learning outcomes. Since assessment provides evidence to document and validate students' learning, assessment should start from admission and continue as the student progresses from one level to another until the student graduates. The types and methods of evaluation must be constantly reviewed to ensure validity, reliability, and fairness.

Guide Questions:

- How is assessment during admissions done on new students?
- How is the students' academic progress monitored from admission to graduation?
- How are the results of the students' progress used to improve instructional delivery?
- What steps are in place to address the unique learning needs of the students?
- How are assessment methods differentiated considering the uniqueness of the health program, courses, and learning outcomes?
- What is the process for designing assessment methods?
- What are the assessment types and methods used?
- What are the controls instituted to ensure the validity, reliability, and fairness of the assessment tools?
- How are the results used to validate learning outcomes?
- How is exit assessment done on graduating students?
- How are the results utilized to improve the course and program?
- How often are the assessment methods reviewed, analyzed, and improved?
- How satisfied are the students and key stakeholders with the assessment methods used?

- What processes are in place to address concerns regarding assessment results?
- How are the assessment results utilized for quality improvement?

Supporting Evidence:

- List of assessments used from student entry, progression up to exit before graduation
- Program and course specifications, including learning outcomes
- Rubrics
- Grading system
- Progression, attrition, and completion rates
- The official report on board examination results
- Tracer Studies
- Studies on employer's satisfaction on graduate performance

AREA 6. EXTERNAL RELATIONS

Sub-area 6.1. Networks, Linkages, and Partnerships

STANDARD 16.

The institution establishes networks, linkages, and partnerships with local, national, regional, and international agencies and groups to pursue its vision, mission, and goals.

Criteria	Rating
1. A plan is crafted to network, link, and partner with various agencies and groups at the local, national, regional, and international levels for mutual benefits and pursuance of its goals and objectives.	
2. Appropriate structure and mechanisms are in place to carry out such engagements on the institutional level.	
3. Appropriate agreements and contracts support linkages and partnerships.	
4. Networks, linkages, and partnership activities are regularly evaluated to help achieve the vision and mission.	
Average Rating	

Explanation:

The health and allied health programs recognize that establishing linkages, networks, and partnerships are critical in achieving its vision, mission, and goals. Through a broad range of activities, the institution is helped improve its deliverables, making it sustainable and relevant. These activities include fellowships, staff and student exchanges, mobility programs for students, international internships, dual degree programs, joint research activities, twinning programs, sharing of resources, fund sourcing, etc. Appropriate mechanisms should support these activities to ensure their effectiveness and relevance to intended purposes.

Guide Questions:

- What steps are taken to select the institutions, associations, or groups the health and allied health program would like to collaborate with?
- What priority areas did the health and allied health programs consider forging linkages or fostering networks with their selected partners?
- What kind of support (i.e., financial, staff, technological, etc.) is given by the institution to those participating in collaboration activities, networks, and linkages?
- Who is involved in the decision-making process as far as the external relations activities of the health and allied health programs are concerned?
- What office/person is responsible for program linkages?
- What benefits so far have the health and allied health programs derived from collaboration, partnerships, and linkages?
- How often are the MOUs/MOAs reviewed? Who is involved in the review process?
- How functional are these MOUs/MOAs?
- What do the external partners benefit from these arrangements?

- How has the data been utilized to improve the effectiveness of the health and allied health program's networking and linkages?

Supporting Evidence:

- MOU/MOA with partner organizations
- Surveys measuring the effectiveness and benefits of the partnerships/linkages/networks
- Evaluation and assessment data on linkages, networks, and similar activities
- Sources of financial grants and other financial gains generated by the partnerships
- Minutes of meetings of concerned offices
- Awards, citations, recognition granted to the institution as a valued partner
- Support provided by the institution for external relations activities

Sub-area 6.2. Community Engagement and Service

STANDARD 17.

The institution commits to conduct community engagements and service activities as part of its social responsibility and corporate citizenship.

Criteria	Rating
1. The health and allied health programs have strategic plans for community engagement and service aligned to the institution's vision, mission, and goals.	
2. Community engagement and service activities are implemented to provide benefits and promote the development of its targeted clients and beneficiaries.	
3. Community engagement and services utilize the competencies of the various sectors and stakeholders of the program.	
4. Appropriate structures with adequate resources are in place to support community engagement and service activities.	
5. Community engagement and service activities are systematically monitored and evaluated against established criteria.	
Average Rating	

Explanation:

An educational institution exists to perform teaching, learning, research, and service to the community and society. This commitment necessitates engaging with many stakeholders and the community to establish and sustain constructive and productive collaboration. Such partnership aims to bring about a mutually beneficial exchange of knowledge and resources within the context of cooperation and reciprocity. Community service and engagement cover community outreach, consultancy, and other kinds of professional services.

Guide Questions:

- What is the mechanism for planning the program's community engagement and service activities?
- What criteria are used in the selection of the program's partners?
- What mechanisms exist for partnering with community partners/stakeholders?
- How does the program ensure the effective implementation of the plans?
- What benefits are derived from community service and engagement activities?
- How does the program optimize the involvement of the various stakeholders (students, parents, alumni, faculty, industry partners, government organizations, NGOs, etc.)
- What services are provided by the program, and what are the agreed-upon conditions between the program and its partners?
- How does the program collaborate with other programs in promoting the institution's community engagement and service activities?
- Who participates in the program's engagement and service activities, and what is the extent of their involvement?

- What support is available for the program's community service and engagement plans, projects, and activities?
- What office manages the community engagement of the institution?
- How does the program gather feedback regarding the effectiveness of its services/engagement activities?
- Who is involved in monitoring and evaluation?
- How are feedback results utilized in the areas of planning, QA, and quality enhancement?
- How are feedback results disseminated to concerned sectors?

Supporting Evidence:

- Community service and engagement plans, policies, guidelines, projects, etc.
- Job descriptions of individuals overseeing community service and engagement activities, if applicable
- MOU/MOA with partner communities and organizations
- Community/client surveys or feedback information
- Community engagement and service assessment tools
- Database of services, service providers, and recipients organized per community extensions and partners

Area 7. RESEARCH

Sub-area 7.1. Research Management and Collaboration

STANDARD 18.

The institution implements a research program aligned with its mission and vision, supports its teaching-learning and community engagement functions, and addresses local and national development needs.

Criteria	Rating
1. The program has a research agenda with defined goals, plans, policies, and activities.	
2. The research program complies with appropriate policies and requirements.	
3. An appropriate structure for Research is established at the program level.	
4. The conduct of research is part of the criteria for faculty promotion, awards, and for which they are adequately compensated.	
5. Research linkages, collaboration, and partnerships are established in pursuit of research goals.	
6. The research program and activities are regularly assessed, using performance indicators and stakeholder needs satisfaction, from which the continuous improvement of the research program ensues.	
Average Rating	

Explanation:

The program/s has a research program that produces various research outputs aligned with the vision and mission and addresses local and national development needs. The research program is supported by a robust structure with qualified staff, adequate funds, and policies and guidelines. The faculty staff researching, in particular, are provided incentives, rewards, and benefits, local and international linkages, collaborations, and partnerships among educational institutions and agencies to conduct research activities. The program and the various activities are regularly assessed for improvement.

Guide Questions:

- What process is being followed in determining the research agenda of the programs?
- How is the program research agenda aligned with the institutional research agenda?
- How does the research agenda reflect consistency with the program outcomes, goals, plans, policies, and activities?
- How does the research program comply with institutional, national, international, and regulatory requirements?
- Is there qualified personnel who manages the research agenda of the program?
- How adequate are the funds and other resources in the promotion and conduct of research activities?

- How effectively are funds allocated, distributed, and utilized for Research?
- What are the provisions for including Research for faculty promotion and awards?
- How adequate are the incentives, rewards, and benefits to faculty and staff who conduct research activities?
- What linkages and partnerships (local and international academic institutions and associations, professional and Research bodies, government and non-government organizations, and business and industrial entities) have been established for Research?
- How does the research agenda reflect the program outcomes, goals, plans, policies, activities, timeline, and budget?
- What provisions are in place for monitoring the progress and completion of research projects?
- What are the mechanisms for peer and ethics review of accomplished research studies?

Supporting Evidence:

- Research program
- Research manual including the related policies and guidelines
- Research budget
- List of research activities and completed in recent five years
- List of relevant institutions and organizations with established research partnership and collaboration
- Evaluation results on research activities

AREA 8. RESULTS

Sub-area 8.1. Educational Results

STANDARD 20.

The educational process results include the achievement of the expected learning outcomes, pass rates, dropout rates, the average time to graduate, employability of graduates, pass rates of graduates in board examinations of board-related program offerings, and the satisfaction levels of graduates, among others.

Criteria		Rating
1.	The expected program and course learning outcomes are defined, monitored, and assessed for improvement.	2.
2.	All programs and courses' pass and dropout rates are identified, monitored, and assessed for improvement.	3.
3.	The average time to graduate for all programs is identified, monitored, and assessed for improvement.	4.
4.	The employability of graduates of all programs is established, monitored, and assessed for improvement.	
5.	Graduates' pass and failure rates in board examinations of board-related programs are identified, monitored, and assessed for improvement.	
6.	The satisfaction levels of key stakeholders on the quality of graduates are established, monitored, and assessed for improvements.	
Average Rating		

Explanation:

Educational results are the measures of the quality of Education the institution provides. Results are the outputs of the transformation process the student underwent. In assessing the quality system, it is essential to establish, monitor, and evaluate indicators of the quality of graduates. These include the achievement of learning outcomes, pass and dropout rates, the average time to graduate, the employability of graduates, the pass and failure rates in board examinations, and the satisfaction levels of key stakeholders on graduates. The information is gathered, analyzed, and used to improve the programs.

Guide Questions:

- What are the indicators and the methods used in determining, monitoring, and assessing the quality of graduates?
- What measures are utilized to determine whether learning outcomes set on the institutional and programmatic levels are achieved when students graduate?
- What studies have been made regarding dropouts, and how were the results used to improve the program's sustainability?
- If the results of the pass and dropout rates are unsatisfactory, what measures have been undertaken to improve the same?

- How satisfactory are the graduation rates per course offerings? What measures have been undertaken when graduation rates are low?
- What is the average time for graduates to find employment, and what are the reasons why graduates are not immediately employed?
- What measures have been undertaken to improve the performance of graduates in board examinations?
- How does the institution track faculty, students, alumni, and employers' satisfaction with the program of studies, teaching-learning process, resources provided, competencies acquired, strengths of graduates, etc.?

Supporting Evidence:

- Performance reports
- Board examination results (PRC Report)
- Stakeholders' satisfaction results
- Tracer studies of graduates (the employment rate)
- Employment surveys and statistics (Report on placement/employment)
- Graduates, alumni, and employer surveys (Exit Interview/Evaluation)
- Stakeholders feedback (Written feedback from stakeholders)
- Refresher programs and other student-care programs
- Program evaluation reports
- Job placement programs

Sub-area 8.2. Community Engagement and Service Results

STANDARD 21.

The institution's community engagement and service programs produce results that impact the institution, its stakeholders, and society.

Criteria	Rating
1. The nature and volume of community engagement and service activities are identified, monitored, and assessed for improvement.	
2. The impact on these activities' beneficiaries and other stakeholders is identified, monitored, and assessed for improvement.	
Average Rating	

Explanation:

The outcomes of community engagement and service activities should produce results that have a positive and significant impact on society, the institution, faculty, staff, students, the beneficiaries of these activities, and other stakeholders. The effect should be identified, monitored, and assessed for improvement.

Guide Questions:

- Are the activities aligned with the vision and mission of the institution? What is the nature of the community engagement and service activities carried out by the institution, faculty, staff, and students?
- What criteria were used in selecting these types of activities?
- How are community engagement and service activities assessed for improvement and matched with best practices?
- What impact do these activities have on society, the institution, faculty, staff, and students?
- What impact do these activities have on the target beneficiaries and other stakeholders?

Supporting Evidence:

- Strategic plans and goals on community engagement and service
- Performance reports of community engagement and service activities
- Faculty and staff feedback
- Students reports and feedback
- Community reports and feedback
- Partners and other stakeholders feedback

Sub-area 8.3. Research Results

STANDARD 22.

The institution has produced research outputs through new knowledge embodied in publications, citations, journals, research-informed teaching, technology transfers, innovations, inventions, creative works, etc.

Criteria	Rating
1. The nature and number of research outputs done by faculty members and program research teams are documented and, if possible, published.	
2. The research outputs are disseminated through appropriate fora and media.	
3. Results of research projects are used for the enhancement of teaching-learning activities.	
4. Completed research activities are used for further development of research and publications in the institution.	
Average Rating	

Explanation:

Research activities of the institution and the program should produce research outputs that are varied and significant in number. The results are identified, monitored, and assessed for improvement and impact.

Guide Questions:

- What is the nature of the research activities conducted by the institution, faculty, staff research teams, and students?
- What criteria were used in selecting these types of research activities?
- Are the activities aligned with the research agenda of the institution?
- How are research outputs monitored and assessed for improvement?
- What impact have these activities had on society, the target beneficiary of the Research, the institution, and the research proponents?

Supporting Evidence:

- Performance reports on research activities of the institution
- Research agenda
- Research funds and related resources
- Publications and citations
- Registration of copyrights, trademarks, and patents

STATISTICAL SUMMARY OF RATINGS

Statistical Summary of Ratings	Ratings (in two decimal places)
Area 3. Resource Management	
Sub-area 3.1 Human Resources	
Area 3 Average Rating	
Area 4. Teaching-Learning	
Sub-area 4.1 Curricular Programs	
Sub-area 4.2a Teaching and Learning Methods 4.2b Teaching and Learning in the laboratory, hospital, and community settings	
Sub-area 4.3 Assessment Methods	
Area 4 Average Rating	
Area 6. External Relations	
Sub-area 6.1 Networks, Linkages, and Partnerships	
Sub-area 6.2 Community Engagement and Service	
Area 6 Average Rating	
Area 7. Research	
Sub-area 7.1 Research Management and Collaboration	
Area 7 Average Rating	
Area 8. Results	
Sub-area 8.1 Educational Results	
Sub-area 8.2 Community Engagement and Service Results	
Sub-area 8.3 Research Results	
Area 8 Average Rating	
Overall Average Rating	