PHILIPPINE ACCREDITING ASSOCIATION OF SCHOOLS, COLLEGES AND UNIVERSITIES, INC.

Longitudinal Thematic Analysis of the Teaching–Learning Area Across Four Accreditation Cycles

A 20-Year Review of Fourteen Medical Schools

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Executive Summary

This report provides a comprehensive longitudinal thematic synthesis of the Teaching–Learning area across four accreditation cycles—Preliminary, Formal, First Resurvey, and Second Resurvey—covering fourteen medical schools over roughly twenty years. Using consolidated accreditation data, the review identifies recurring commendations and suggestions to trace patterns of consistent strengths, developmental progress, and ongoing areas for improvement. By analyzing these findings over time instead of as standalone assessments, the report offers a sector-wide view of institutional growth and evolving quality standards in medical education. The findings are further visualized through combined longitudinal graphs that illustrate the developmental path of key thematic areas across cycles.

This longitudinal analysis shows consistent excellence in learner-centered teaching methods, including problem-based learning, simulation-based instruction, community engagement, and interprofessional education. Over multiple cycles, these methods moved from being innovative to becoming standard parts of curriculum design. Curriculum alignment and competency-based frameworks become more organized, with clearer outcome statements and more structured documentation. Technology integration, especially in simulation labs, digital platforms, and learning management systems, stands out as the most notable progress, shifting from a new initiative to a recognized institutional strength.

Concurrently, recurring recommendations highlight areas that need ongoing refinement. Assessment systems, although significantly improved through blueprinting, structured clinical examinations, and portfolio-based evaluation, continue to be a focus for enhancement—especially in evaluating higher-order thinking skills and professional attributes. Stakeholder engagement in curriculum governance remains the most persistent developmental theme over time, reflecting the increasing demand for participatory and socially responsible medical education. Overall, the findings show not stagnation but an ingrained culture of continuous quality improvement, where recurring themes indicate increasingly higher standards and a steady dedication to institutional maturity.

Introduction

Accreditation in medical education has transformed from a compliance-based evaluation into a structured framework for ongoing quality improvement. Instead of just checking adherence to minimum standards, modern accreditation encourages institutions to reflect, align with competency-based education, and systematically strengthen teaching–learning systems. The Teaching–Learning area remains central to this effort, covering curriculum design and integration, instructional strategies, assessment methods, student support systems, and governance processes. Educational scholarship highlights the importance of constructive alignment—making sure that learning outcomes, teaching activities, and assessments are coherent—while competency-based medical education stresses the measurable achievement of professional competencies. As accreditation cycles advance, expectations generally shift from demonstrating the presence of innovations to showing their institutionalization, effectiveness, and documented impact.

This report offers a longitudinal thematic synthesis of consolidated accreditation findings across four cycles—Preliminary, Formal, First Resurvey, and Second Resurvey—covering fourteen medical schools over about twenty years. The institutions included in this analysis are: Angeles University Foundation, Ateneo de Zamboanga University, Cebu Institute of Medicine, Davao Medical School Foundation, Inc., De La Salle-Health Sciences Institute, FEU-Dr. Nicanor Reyes Medical Foundation, Oceania University of Medicine, Pamantasan ng Lungsod ng Maynila, Saint Louis University, Silliman University, University of Santo Tomas, University of the East-Ramon Magsaysay Memorial Medical Center, University of the Philippines, and Xavier University. By analyzing patterns of commendations and recommendations within the Teaching–Learning area, the review highlights ongoing strengths, areas for development, and persistent issues needing improvement. The analysis involved a qualitative document review, where Teaching–Learning findings were systematically extracted, coded, and grouped into thematic domains. These themes were then tracked across cycles to assess continuity, progress, or persistence, allowing a longitudinal view of institutional maturity and systemic growth.

Instead of viewing recurring recommendations as isolated issues, this synthesis sees them within a continuous improvement framework, understanding that accreditation standards evolve and expectations become more rigorous over time. Recurrent commendations highlight institutional strengths, while ongoing developmental themes often mirror rising benchmarks, expanding regulatory demands, and the inherently changing landscape of medical education. Although the analysis relies on consolidated reports rather than individual institutional case studies, the long-term perspective offers valuable insights into sector-wide trends in educational quality improvement. Overall, the findings reveal a shift from innovation-driven reform to more structured, embedded systems of teaching, learning, and assessment, emphasizing accreditation's role as a driver of ongoing institutional transformation.

Thematic Tracking Matrix Across Four Cycles

The following matrix offers a consolidated view of the main thematic patterns found in the Teaching–Learning area across four accreditation cycles. By aligning each theme with the Preliminary, Formal, First Resurvey, and Second Resurvey cycles, the matrix visually depicts continuity, progress, and persistence over time. Instead of merely listing strengths and recommendations, this long-term tracking tool shows how specific aspects of teaching and learning have developed—from emerging initiatives to established strengths, or from developmental concerns to areas of ongoing improvement. The matrix acts as a structural foundation for understanding the sector's educational journey, emphasizing sustained excellence, growth, and recurring themes that continue to influence quality improvement efforts across medical programs.

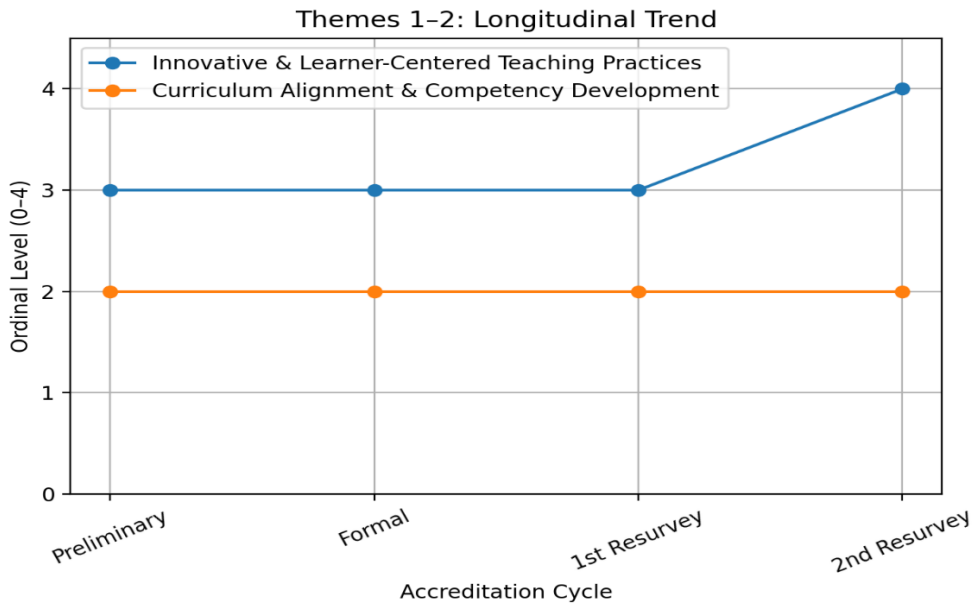
Theme	Preliminary Cycle	Formal Cycle	1st Resurvey	2nd Resurvey	Longitudinal Pattern
Innovative & Learner-Centered Teaching Practices	Strength	Strength	Strength	Strong Institutionalized Strength	Sustained and Deepened Excellence

Curriculum Alignment & Competency Development	Strength with Refinement Areas	Strength with Refinement Areas	Strength with Refinement Areas	Strength with Continuing Refinement	Maturing and Systematically Strengthened
Assessment Systems & Evidence of Learning	Recommendation Dominant	Strength with Refinement Areas	Strength with Refinement Areas	Strength with Continuing Refinement	Persistent but Progressively Strengthened
Simulation, Technology & Learning Resources	Emerging Development Area	Strength Emerging	Established Strength	Strong Institutionalized Strength	Clear Developmental Growth to Institutionalization
Student Support & Mentoring Systems	Development Area	Development Area	Strength with Refinement Areas	Strength with Refinement Areas	Strengthening with Expanding Scope
Curriculum Governance & Stakeholder Engagement	Recommendation	Recommendation	Recommendation	Recommendation with Structural Improvements	Most Persistent Developmental Theme

Visual Longitudinal Trend Analysis

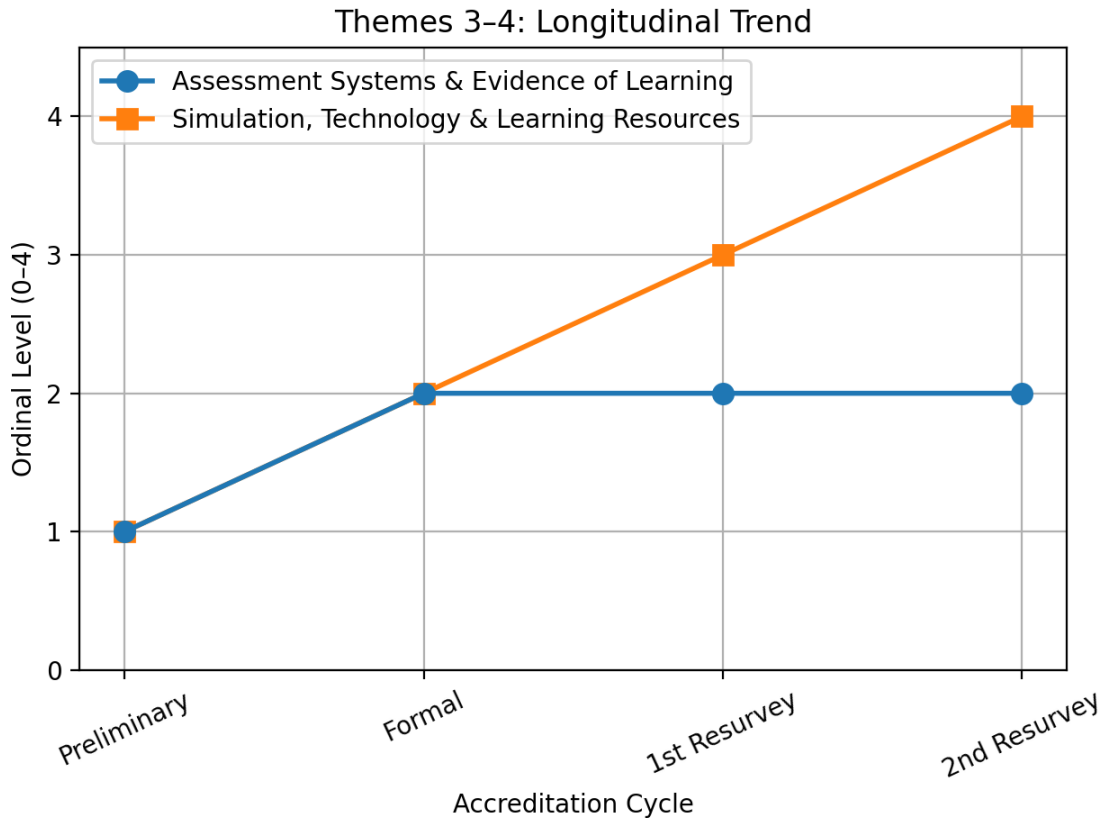
The following composite visualizations translate qualitative longitudinal findings into structured trend patterns. An ordinal scale (1–4) represents progression across cycles: 1 = Development/Recommendation dominant; 2 = Emerging strength with refinement; 3 = Established strength; 4 = Institutionalized strength.

1. Graph 1: Trend Analysis



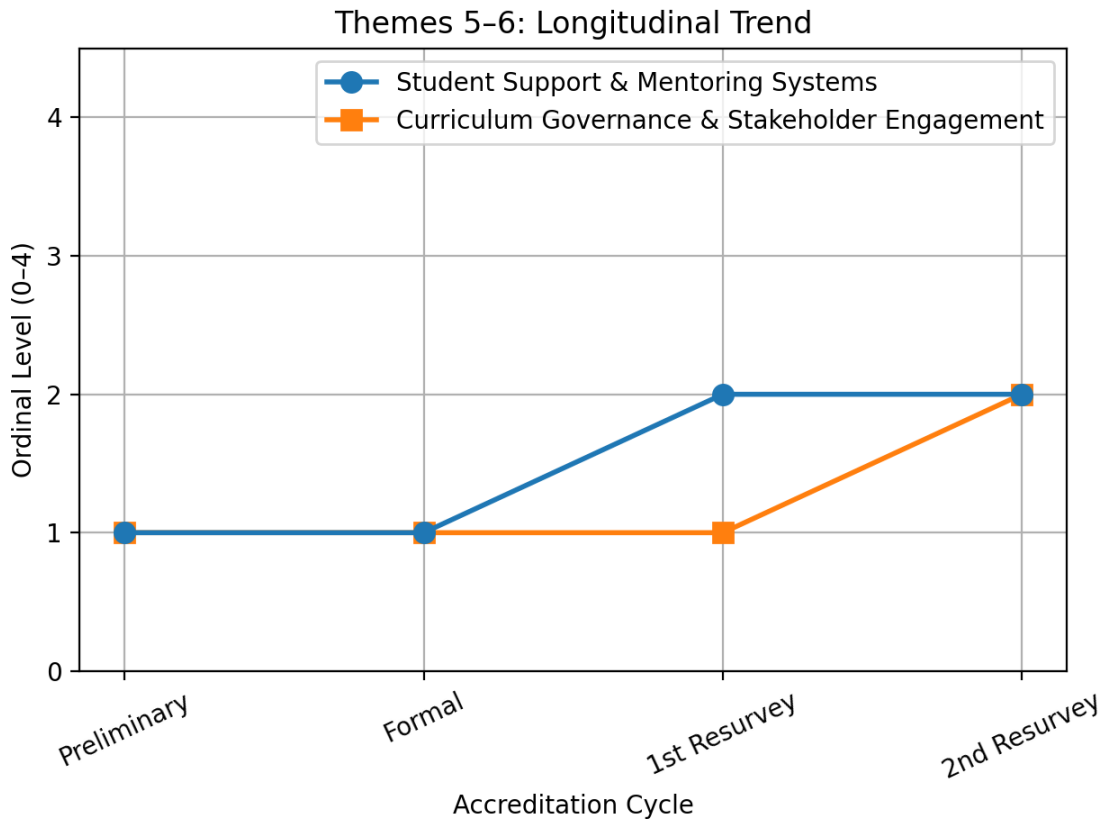
This graph demonstrates sustained instructional strength across four accreditation cycles. Innovative and learner-centered teaching practices remain at the "Established strength" level from the Preliminary through the First Resurvey cycle, advancing to "Institutionalized strength" in the Second Resurvey, indicating deepened consolidation of pedagogical excellence. In contrast, Curriculum Alignment and Competency Development consistently remain at the "Emerging strength with refinement" level across all cycles, reflecting stable implementation accompanied by ongoing refinement rather than escalation to full institutionalization.

2. Graph 2: Trend Analysis



The second graph reflects differentiated developmental trajectories. Assessment Systems begin at a "Development/Recommendation dominant" level in the Preliminary cycle and improve to "Emerging strength with refinement" from the Formal cycle onward, where they remain through the Second Resurvey. This pattern illustrates progressive strengthening but continued refinement. In contrast, Simulation, Technology, and Learning Resources exhibit a clear upward progression—from "Development dominant" to "Emerging strength," then to "Established strength," and ultimately to "Institutionalized strength." This indicates sustained and structured growth culminating in full integration within teaching–learning systems.

3. Graph 3: Trend Analysis



The third graph shows gradual but limited advancement in support and governance structures. Student Support and Mentoring Systems begin at the "Development" level during the Preliminary and Formal cycles, improving to "Emerging strength with refinement" in both Resurvey cycles. This reflects strengthening mechanisms with an expanding scope but not yet full institutionalization. Curriculum Governance and Stakeholder Engagement remain at the "Development/Recommendation dominant" level across the first three cycles, with only a modest shift to "Emerging strength with refinement" in the Second Resurvey, indicating incremental structural improvement while remaining the most persistent developmental theme.

Thematic Matrix Analysis

Recurring Best Features

Over four accreditation cycles, several themes consistently emerged as commendations within the Teaching–Learning area. Foremost among these is the sustained implementation of innovative and learner-centered teaching practices, including problem-based learning, small group discussions, simulation-based instruction, interprofessional education, and structured clinical immersion. These approaches evolved from innovative initiatives into institutionalized pedagogical strategies embedded within curriculum design and delivery. Curriculum alignment and competency development also frequently appeared as strengths, especially in institutions demonstrating

structured horizontal and vertical integration, clearly articulated graduate attributes, and increasing systematization of instructional design processes. Over time, alignment efforts became more formally documented and supported by structured curriculum review mechanisms. Technology integration and simulation-based learning represent other recurring commendations, notably in later cycles. Simulation laboratories, digital platforms, learning management systems, and ultrasound integration gained recognition as institutional strengths. Student support mechanisms, including mentoring programs and academic monitoring systems, also emerged as established strengths in subsequent cycles.

Recurring Recommendations

Despite consistent strengths, certain themes regularly emerged as recommendations across all four cycles. Assessment systems are the most frequently targeted area for improvement. While progress such as blueprinting, OSCE implementation, portfolio assessments, and structured feedback mechanisms was evident, accreditation findings continued to highlight the need to enhance higher-order thinking skills, validate attitudinal assessment tools, and ensure a systematic connection between outcomes, instructional activities, and evaluation methods. Stakeholder engagement in curriculum governance remains the most persistent developmental theme. Recommendations consistently called for increased participation of students, alumni, employers, and community partners in curriculum review and decision-making. Clarification of roles among curriculum committees, medical education units, and testing bodies, along with better documentation of reforms, continue to be important areas for ongoing focus.

Changes Across Four Cycles

The longitudinal comparison shows a clear developmental path within the Teaching–Learning area. In the Preliminary cycle, focus was on basic innovation and initial integration efforts. During the Formal and First Resurvey cycles, consolidation became evident through stronger alignment processes, more organized assessment systems, and formal governance structures. By the Second Resurvey cycle, institutional maturity was more apparent, especially in the adoption of technology, structured mentoring systems, and systematic competency articulation. Overall, the progress across cycles reflects a shift from innovation-driven reform to established, data-informed systems of teaching and learning. The Teaching–Learning area maintains a high standard of excellence while continually refining, consistent with a mature culture of ongoing quality improvement.

Thematic Analysis

The matrix offers a clear overview of thematic patterns across four accreditation cycles. The next section provides an in-depth interpretation of these patterns, exploring how strengths were maintained, how developmental areas evolved, and how recurring recommendations illustrate changing standards in the Teaching–Learning area.

1. Innovative and Learner-Centered Teaching Practices

Throughout all four accreditation cycles, institutions consistently demonstrated a strong commitment to learner-centered pedagogies. Early cycles emphasized the adoption of problem-based learning (PBL), small group discussions, and integrated case methodologies. In later cycles, these approaches expanded to include interprofessional education, virtual learning platforms,

structured clinical immersion, and advanced simulation strategies. Over time, what started as innovative initiatives became core strategies embedded within institutional curriculum design.

2. Curriculum Alignment and Competency Development
Efforts toward horizontal and vertical integration were clear from the initial cycle. As accreditation cycles advanced, institutions showed more systematic alignment with established graduate competencies and national qualification frameworks. Documentation of instructional design, mapping of outcomes to assessment methods, and structured curriculum review processes became more formalized.

3. Assessment Systems and Evidence of Learning
Assessment remains the most frequently revisited theme. While early cycles focused on enhancing examination validity and reliability, later cycles acknowledged the implementation of OSCEs, mini-CEX, structured blueprinting, and portfolio assessments. Despite these progress updates, recommendations still urge further refinement in developing higher-order thinking skills, validating attitudinal assessment tools, and establishing systematic feedback mechanisms.

4. Simulation, Technology, and Learning Resources
Technology integration exhibits the clearest growth trajectory. Initial recommendations to improve facilities evolved into praise for cutting-edge simulation labs, learning management systems, digital learning tools, and ultrasound integration. By the second resurvey, technology had become fully embedded within the teaching–learning ecosystem.

5. Student Support and Mentoring Systems
Student support systems have greatly advanced over time. Mentoring programs, academic performance monitoring units, advisorship systems, and structured remediation processes have become more prevalent in recent cycles. These changes show a comprehensive approach to student growth and professional identity development.

6. Curriculum Governance and Stakeholder Engagement
Governance structures exist across institutions; however, repeated recommendations highlight the need for broader stakeholder participation in curriculum review. Involvement of students, alumni, employers, and community partners consistently remains a key development focus across all cycles. Clarification of committee roles and documentation procedures continues to be encouraged.

Integrated Interpretation

The long-term patterns observed over four accreditation cycles show not just incremental improvement but the structural growth of the Teaching–Learning system. The transition from initial pedagogical innovations to widely adopted and organized practices demonstrates increasing organizational ability to integrate reforms into governance, documentation, and quality assurance processes. What started as separate instructional initiatives progressed into cohesive and aligned educational systems defined by stronger integration of curriculum design, assessment strategies, and technological infrastructure.

Importantly, the persistence of recommendations—especially in assessment improvement and stakeholder engagement—should be viewed within the context of rising standards and growing expectations. As institutions develop, accreditation focus shifts toward deeper validation of alignment, clear evidence of impact, and participatory governance structures. The recurring themes indicate a dynamic quality assurance environment where refinement is ongoing rather than one-time. Therefore, the pattern across cycles shows an ingrained culture of institutional learning, where sustained strengths coexist with continuous recalibration to meet increasingly higher benchmarks of medical education quality.

Conclusion

Over twenty years and four accreditation cycles, the Teaching–Learning area shows a clear path of institutional growth characterized by ongoing pedagogical innovation, gradual institutionalization of competency-based education, and the active integration of technology into curriculum delivery. What started in earlier cycles as emerging instructional reforms—such as problem-based learning, simulation-based instruction, and integrative curriculum structures—has developed into ingrained and systematized practices supported by formal governance mechanisms and structured review processes. This progression reflects not only a response to accreditation standards but also a growing institutional commitment to coherence, alignment, and educational effectiveness.

Furthermore, the ongoing presence of certain recommendations—especially in assessment refinement, documentation, and stakeholder engagement—highlights the evolving and iterative nature of quality assurance in medical education. The persistent focus on higher-order thinking skills, validation of assessment tools, structured feedback systems, and participatory curriculum governance emphasizes the rising expectations placed on institutions as standards develop. Rather than showing stagnation, these recurring themes reflect a deeply embedded culture of continuous improvement, where refinement and responsiveness are essential for maintaining excellence.

Taken together, the longitudinal findings demonstrate a shift from innovation-driven reform to established, evidence-based systems of teaching and learning. The Teaching–Learning field has evolved into a structured ecosystem where curriculum alignment, assessment integrity, technological progress, and student support are becoming increasingly connected. This ongoing developmental path confirms that accreditation serves not just as an evaluation process but as a driver for institutional change and long-term educational progress in medical programs.

Glossary of Terms

Accreditation Cycle
A structured stage within PAASCU's quality assurance framework through which institutions undergo systematic peer review. In this study, the four cycles refer to the Preliminary Survey, Formal Survey, First Resurvey, and Second Resurvey, each representing progressive levels of institutional maturity and quality refinement.

Accreditation Findings

Documented commendations and recommendations derived from peer evaluation reports during each accreditation cycle. These findings form the primary data source for thematic analysis in this longitudinal study.

Assessment Systems
Structured mechanisms used to measure student achievement of learning outcomes, including written examinations, OSCEs, workplace-based assessments, portfolio evaluations, and blueprinting processes. Assessment is evaluated for validity, reliability, alignment, and capacity to measure higher-order competencies.

Competency-Based Medical Education (CBME)
An outcomes-driven educational model emphasizing the measurable acquisition of professional competencies. Within PAASCU accreditation, CBME principles guide the evaluation of curriculum structure, performance indicators, and assessment validity.
Consolidated Accreditation Reports
Institutional documents synthesizing Teaching–Learning findings across multiple medical schools within a given accreditation cycle. These served as the principal corpus for longitudinal thematic extraction.

Continuous Quality Improvement (CQI)
An ongoing institutional process of systematic evaluation, reflection, and refinement aimed at sustaining and enhancing educational effectiveness. Within PAASCU accreditation, CQI underpins the philosophy that standards evolve and improvement is iterative.

Curriculum Alignment
The coherence among program outcomes, course objectives, teaching strategies, and assessment methods. In PAASCU practice, alignment reflects the principle that learning activities and evaluation tools must systematically support intended competencies.

Curriculum Governance
Formal structures and committees responsible for curriculum planning, review, revision, and oversight. In PAASCU practice, governance includes clarity of roles, documentation of decisions, and alignment with institutional mission and professional standards.

Development/Recommendation Dominant
A thematic area where accreditation findings primarily identify improvement needs rather than established strengths.

Emerging Strength
A developing area demonstrating structured progress but still requiring refinement, documentation, or broader implementation.

Evidence of Learning
Documented proof that students have achieved intended learning outcomes, including performance data, structured feedback systems, examination analytics, and competency mapping.

Institutionalization
The stage at which an educational innovation or practice is no longer experimental but embedded within policies, documentation systems, governance mechanisms, and routine operations. Institutionalization reflects organizational maturity across accreditation cycles.

Learner-Centered Teaching Practices
Instructional approaches that prioritize active student engagement, problem-solving, collaborative learning, and experiential methods (e.g., problem-based learning, small-group discussions, simulation-based instruction). Within PAASCU's framework, these practices are evaluated for alignment with intended learning outcomes and professional competencies.

Longitudinal Thematic Analysis
A qualitative method used in this study to track recurring commendations and recommendations across multiple accreditation cycles, enabling analysis of continuity, progression, and persistence over time.

Simulation and Technology Integration
The use of high-fidelity simulation laboratories, digital learning platforms, learning management systems, virtual tools, and procedural technologies to enhance clinical competence and experiential learning. In the PAASCU evaluation, integration is assessed for pedagogical alignment and institutional support.

Stakeholder Engagement
The systematic involvement of students, alumni, employers, community partners, and professional bodies in curriculum development and quality improvement processes. Within PAASCU's framework, stakeholder participation is viewed as essential for social accountability and relevance.

Student Support and Mentoring Systems
Structured institutional mechanisms designed to promote academic progress, professional development, wellness, and remediation. These may include advisorship programs, mentoring frameworks, academic monitoring units, and structured intervention processes.

Teaching–Learning Area
A core evaluation domain in PAASCU accreditation covering curriculum design, instructional methodologies, assessment systems, student support mechanisms, and academic governance structures that directly influence student learning outcomes.

References

Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). (2003–2014). *Consolidated accreditation findings: Medical program – Preliminary survey cycle (Teaching–Learning area) [Internal institutional document]*.

Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). (2004–2015). *Consolidated accreditation findings: Medical program – Formal survey cycle (Teaching–Learning area) [Internal institutional document]*.

Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). (2007–2019). *Consolidated accreditation findings: Medical program – First resurvey cycle (Teaching–Learning area) [Internal institutional document]*.

Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). (2012–2025). *Consolidated accreditation findings: Medical program – Second resurvey cycle (Teaching–Learning area) [Internal institutional document]*.

Anderson, L. W., & Krathwohl, D. R. (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives*. Longman. https://www.pearson.com/en-us/subject-catalog/p/taxonomy-for-learning-teaching-and-assessing/P200000006807

Biggs, J. (1996). Enhancing teaching through constructive alignment. *Higher Education, 32*(3), 347–364. Enhancing teaching through constructive alignment | Higher Education | Springer Nature Link

Boelen, C., & Woollard, B. (2009). Social accountability and accreditation: A new frontier for educational institutions. *Medical Education, 43*(9), 887–894. Social accountability and accreditation: a new frontier for educational institutions - Boelen - 2009 - Medical Education - Wiley Online Library

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage Publications. https://us.sagepub.com/en-us/nam/qualitative-inquiry-and-research-design/book235677

Frank, J. R., Snell, L. S., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., et al. (2010). Competency-based medical education: Theory to practice. *Medical Teacher, 32*(8), 638–645. Full article: Competency-based medical education: theory to practice

Harvey, L., & Williams, J. (2010). Fifteen years of quality in higher education. *Quality in Higher Education, 16*(1), 3–36. Fifteen Years of Quality in Higher Education

Issenberg, S. B., McGaghie, W. C., Petrusa, E. R., Gordon, D. L., & Scalese, R. J. (2005). Features and uses of high-fidelity medical simulations that lead to effective learning: A BEME systematic review. *Medical Teacher, 27*(1), 10–28. https://doi.org/10.1080/01421590500046924

Miller, G. E. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine, 65*(9), S63–S67. Academic Medicine

Norcini, J., & Burch, V. (2007). Workplace-based assessment as an educational tool: AMEE Guide No. 31. *Medical Teacher, 29*(9–10), 855–871. Full article: Workplace-based assessment as an educational tool: AMEE Guide No. 31

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). Free Press. https://www.simonandschuster.com/books/Diffusion-of-Innovations/Everett-M-Rogers/9780743222099

World Federation for Medical Education (WFME). (2020). *WFME global standards for quality improvement in medical education*. https://wfme.org/standards/