

## TOPIC 1 - Global standards of medical education

### [A summary of global standards of medical education](#)

#### The WFME standards

The World Federation for Medical Education (WFME) and other contemporary regulatory bodies of medical education have designed and adopted global standards to assess the equivalence of medical education programs across different cultural contexts. According to WFME, any Medical School has some essentials:

**Objectives** that align with specific *healthcare needs of society*.

**Social Accountability** is an obligation to publicly demonstrate evidence that objectives are realistic.

An **Educational Program** that is designed to align with objectives through integrating evidence based natural and social sciences as *foundational training, clinical training, and practical experience*.

**Students** who can align with objectives through undergoing *comprehensive and fair assessments* of their performance, progress, and competence.

**Teachers** who can align with objectives through engagement in competent *teaching of students, research, and professional development*.

**Course directors** who can align with objectives through providing *educational resources* needed for effective learning and teaching, and through performing a systematic review of *success and well-being*.

WFME defines these fundamental requirements as expected from medical education programs universally. If any of these elements are not provided by the institution, it is not acknowledged as a medical school by WFME.

(Activity No. 1 - What do you think about points A-F? Do you have any concerns?)

## Quality in medical education

Competitive institutions are responsive to global *quality* standards of medical education as well. Quality standards, therefore, focus not only on adherence to established guidelines but also on the actual quality, effectiveness, and outcomes of medical education programs. They emphasize the qualitative assessment of educational processes, learning outcomes, teaching methodologies, student performance, faculty expertise, and institutional resources to ensure excellence in medical training. The quality of any medical school can be assessed by using quality descriptors for the WFME principles as follows:

**A. Objectives:** how well do they align with the specific *healthcare needs of society*?

1. (fail) - objectives will probably worsen the needs (i.e. cause harm)
2. (satisfactory) - objectives will probably not worsen nor solve the needs
3. (good) - objectives mean intervention with possible relapse
4. (very good) - objectives mean continuous intervention with relapse management
5. (excellent) - objectives mean definitive and complete solutions to the needs - (i.e. cure).

**B. Social Accountability:** how well do published data on past performance demonstrate if objectives (A) are realistic?

1. no data is published
2. some data published, with bias
3. some data published, without bias
4. comprehensive data published, without bias, occasionally
5. comprehensive data published, without bias, regularly

**C. The Educational Program:** how well is the program designed to align with objectives (A)?

1. *foundational sciences, clinical training, and practical experience* are not aligned at all with (A).
2. Some courses of *foundational sciences, clinical training, or practical experience* are aligned with (A).
3. Some courses of *foundational sciences and clinical training*, and most courses of *practical experience* are aligned with (A).
4. Some courses of *foundational sciences, and most courses of clinical training and practical experience* are aligned with (A).
5. Most courses of *foundational sciences, clinical training, or practical experience* are aligned with (A).

**D. Students:** how well are they able to align with objectives (**A**) in assessments of their performance, progress, and competence?

1. They may likely undergo *incomprehensive* and *unfair assessments*.
2. They may likely undergo *incomprehensive* but *fair assessments*.
3. They may likely undergo *comprehensive* but *unfair assessments*.
4. *Assessments* are likely *comprehensive* and *fair with significant retake rates*.
5. *Assessments* are likely *comprehensive* and *fair with insignificant retake rates*.

**E. Teachers:** how well are they able to align with objectives (**A**) based on their competencies?

1. They may likely not be qualified at all.
2. They may likely be qualified *either* in research *or* in clinical practice.
3. They may likely be qualified in *both* research *and* clinical practice.
4. They may likely be qualified in *both teaching and either* research *or* clinical practice.
5. They may likely be qualified in teaching, in research, in clinical practice, and in professional development.

**F. Course directors:** how well are they able to align with objectives (**A**) based on their competencies?

1. They provide no educational resources needed for effective learning and teaching.
2. They perform no regular reviews about the success of students.
3. They perform regular reviews about the success of students.
4. They perform regular reviews about the success and well-being of students.
5. They perform regular reviews about the success and well-being of students and of teachers.

Both quality-insensitive and quality-sensitive leadership strategies strive for the improvement of medical education. However, the latter delves deeper into evaluating the actual educational experience and its impact on producing proficient and compassionate healthcare practitioners. The LEANbody project aims to improve the *quality* of alignment with global objectives of medical education by training course organizers.

(Activity 2 - try to do an assessment of your own courses based on the quality descriptors of points A-F!)

## Challenges of implementing WFME standards

1. *Focus on Process vs. Outcome*: WFME emphasizes structural and process-related aspects of education. This might not adequately focus on educational outcomes or the actual quality of graduates produced by these programs. If there is no serious analysis of local objectives about outcomes, it gets very challenging to enforce and monitor adherence to WFME standards, especially under varying regulatory environments, political factors, and differing interpretations of the standards. If so, global standards could be easily seen to threaten local cultural interpretations, traditions, and beliefs about medical education. **A thorough and rigorous analysis of epistemic, socio-cultural, and legal understanding of local contexts vs. global standards is therefore essential before setting realistic objectives for the implementation of an educational strategy.**

2. *Resource Demands*: There's a perception that the standards might be influenced by the education systems of high-income countries, potentially overlooking the needs and challenges faced by institutions in low- and middle-income countries. Meeting the stringent quality criteria could be financially and logistically burdensome, widening the gap between institutions with ample resources and those without. **A thorough analysis of existing local traditions that already align well with global standards is essential before allocating resources strategically.**

3. *Assessment Challenges*: Standardized quality assessment methodologies might not capture effectively and fairly the diverse cultural and educational contexts and outcomes worldwide. Ensuring fair assessment across local contexts is the responsibility of local course organizers. It is impossible to succeed in this role without a clear understanding of the universal principles behind global standards. While exploring innovative teaching methods or curriculum structures, **course organizers should be trained in global standards to be able to assess and improve quality in their local contexts.**

(Activity 3 - which of these challenges can you recognize in your teaching context?)

## Epistemic analysis of global standards of medical education

### Initial assumptions

Understanding of concepts, values, ideas, or problems begins usually with certain assumptions. In the case of global standards, assumptions are inevitable about each of the standards whether they have a universal validity or not. It is the discipline of philosophy which deals with the investigation of the truth value of assumptions. Universalism within philosophy involves arguing for the existence of universal principles, values, or truths that apply to all individuals and cultures, regardless of specific cultural, social, or historical contexts:

1. There are **objective moral truths** that hold independently of individual beliefs or practices. These are inherent to human nature and apply universally, regardless of cultural differences. The existence of moral intuition across different cultures supports the idea of universal moral norms.
2. **Human Rights** are not contingent on cultural or societal approval but are intrinsic to the worth and dignity of every human being. The recognition of universal human rights provides a common framework for ethical judgment and action that transcends cultural diversity.
3. **Logic** and mathematics are universally valid because they are based on rational inquiry and are therefore not dependent on cultural or subjective interpretations.
4. Over time, cultures converge towards acknowledging certain shared values and principles representing the culmination of **human intellectual progress**. The Judeo-Christian foundation of modern European ethics can be considered the result of cultural evolution.
5. While there are diverse cultural expressions of values and norms, there are underlying universal **principles that can be agreed upon for practical purposes**, such as fostering cross-cultural communication, peaceful coexistence, and collaboration.

Therefore, an epistemic analysis of each of the global standards of medical education must draw on various philosophical, ethical, and rational arguments to support the idea of shared human values, moral truths, and universal principles in medical education that transcend cultural diversity, and apply to all individuals.

(Activity 4 - which of these five approaches do you consider most important in the identification of global values and principles in medical education? Why?)

## Epistemic analysis of WFME standards on *Institutional Objectives*

To have a deep insight into what we need to know when setting realistic institutional objectives around the healthcare needs of society, we need to have a look first into the scholarship of goal-setting in general. Next, we look into common assumptions about goal setting specifically in healthcare contexts from within the domains of philosophy, psychology, economy, sociology, and theology. After this epistemic analysis, we will attempt to identify those concepts that are universally applicable, and therefore fitting to global standards about setting institutional objectives in medical education.

### Principles of goal setting in general

The science of goal-setting encompasses various psychological, motivational, and behavioral theories that examine the process, impact, and strategies behind setting and achieving goals. It's a multidisciplinary field drawing insights from psychology, sociology, and organizational behavior to understand how individuals set, pursue, and attain their objectives. Here are key aspects:

1. **Goal Characteristics:** Specificity, measurability, attainability, relevance, and time-bound (SMART) criteria define effective goals. Research suggests that well-defined goals lead to better performance and motivation.
2. **Motivation and Goal Setting:** Theories like Self-Determination Theory emphasize the role of intrinsic motivation and autonomy in goal-setting. Goals aligned with personal values and interests are more likely to be pursued with enthusiasm and commitment.
3. **Goal Setting in Various Domains:** Goal-setting science applies to diverse domains: personal development, education, health, sports, and organizational management. Each domain may have specific strategies for effective goal-setting.
4. **Goal Setting and Mental Health:** In clinical psychology, goal-setting is used in therapy to help individuals clarify their aspirations, overcome challenges, and improve their well-being. It can enhance resilience and self-efficacy.
5. **Feedback and Goal Achievement:** Regular feedback, monitoring progress, and adapting goals based on feedback are essential for successful goal achievement.

The Feedback Intervention Theory highlights the significance of feedback in goal attainment.

6. Implementation Intentions: This concept emphasizes the importance of planning specific actions to achieve goals. Linking "if-then" scenarios helps individuals anticipate obstacles and plan effective strategies.

7. Goal Setting in Organizations: In management, goal-setting theory suggests that clear, challenging, and achievable goals can motivate employees, enhance performance, and align efforts toward organizational objectives.

8. Positive Psychology and Goal Pursuit: Positive psychology emphasizes the role of positive emotions, strengths, and resilience in goal pursuit. Focusing on strengths and fostering optimism can facilitate goal attainment.

9. Goal Achievement and Well-being: Attaining meaningful goals can contribute to a sense of purpose, satisfaction, and overall well-being. However, unrealistic or conflicting goals might lead to stress or decreased well-being.

10. Cultural and Social Influences: Cultural and social factors shape goal-setting behaviors. Individualistic cultures might emphasize personal achievement, while collectivist cultures might prioritize group-oriented goals.

In general, the science of goal-setting delves into understanding the mechanisms, strategies, and psychological processes involved in setting, pursuing, and achieving goals across various contexts.

### Philosophical-teleological aspects of goal setting specifically in healthcare context

A purpose-oriented philosophical analysis of healthcare explores the purpose, goals, and ethical considerations inherent in the field of medicine, emphasizing the ultimate ends or aims that guide healthcare practices and systems:

1. Purpose of Healthcare: The teleological perspective in healthcare revolves around the fundamental aim of promoting health, well-being, and alleviating suffering. It emphasizes that the ultimate goal of healthcare is not merely the treatment of illness but the cultivation and maintenance of overall health and quality of life for individuals and communities.

2. Focus on Healing and Restoration: Healthcare, from a teleological viewpoint, is seen as a process aimed at restoring individuals to a state of health or optimal functioning. It emphasizes the importance of preventive care, intervention, and rehabilitation to achieve this end.
3. Patient-Centered Care: Teleological analysis in healthcare underscores the significance of patient-centered care. It acknowledges that healthcare practices should prioritize the well-being, autonomy, and preferences of individuals, aligning with the goal of promoting their health and fulfilling their needs.
4. Ethical Foundations and Moral Ends: From an ethical standpoint, teleological considerations in healthcare revolve around achieving morally desirable outcomes. Ethical theories like consequentialism align with this perspective, emphasizing that healthcare decisions should aim for the best overall consequences or outcomes for patients and society.
5. Healthcare Systems and Social Ends: Teleological analysis extends to healthcare systems, emphasizing their roles in achieving societal health goals. It underscores the importance of healthcare policies, resource allocation, and equitable access to care in achieving the overarching end of population health.
6. Preventive and Holistic Approaches: Teleological perspectives advocate for preventive and holistic approaches in healthcare. This involves not only treating diseases but also promoting health education, preventive measures, and considering the broader determinants of health for long-term well-being.
7. Continuous Improvement and Adaptation: A teleological approach encourages continuous improvement in healthcare systems, adapting practices and interventions to better achieve the ultimate ends of health, well-being, and ethical patient care.

In summary, a philosophical-teleological analysis of healthcare centers on the purpose-driven nature of healthcare, focusing on the ultimate ends of health promotion, patient well-being, ethical outcomes, and the societal goals of health systems. It emphasizes a patient-centric, holistic, and ethical approach to achieve the overarching aim of fostering health and alleviating suffering.

Psychological considerations



A psychological-teleological analysis of healthcare involves understanding healthcare practices, decisions, and systems through the lens of psychological processes and the ultimate goals of patients:

1. Goal-Oriented Patient Behavior: Patients often seek healthcare with specific goals in mind—whether it's the alleviation of symptoms, restoration of health, or improvement in quality of life. Understanding patient behavior in healthcare involves recognizing these teleological motives. Teleologically, motivations might include the pursuit of health, relief from discomfort, or the desire to maintain or improve functioning.

2. Motivation and Health-Seeking Behavior: Psychology plays a pivotal role in understanding what drives individuals to seek healthcare.

3. Patient-Centered Care and Well-being: In a psychological-teleological framework, patient-centered care aligns with psychological well-being. The emphasis on holistic care considers psychological factors, acknowledging their influence on health outcomes and patient satisfaction.

4. Health Beliefs and Treatment Adherence: Psychological factors, such as beliefs, attitudes, and perceptions of health and treatment, significantly influence adherence to healthcare regimens. Teleologically, treatment adherence aligns with the goal of achieving health improvements.

5. Health Behavior Change and Goals: Psychological theories of behavior change (e.g., the Health Belief Model or the Transtheoretical Model) consider individuals' motivations and goals in altering health behaviors. Healthcare interventions often aim to assist individuals in achieving these teleological health-related goals.

6. Provider-Patient Communication: Effective communication in healthcare involves understanding patients' goals and expectations. From a psychological-teleological perspective, fostering clear communication aligns with the aim of understanding and addressing patients' health-related objectives.

7. Psychological Well-being and Holistic Care: Psychological well-being, including mental health and emotional aspects, is integral to holistic healthcare. The teleological goal is not only the absence of illness but also the promotion of mental and emotional health.

8. Healthcare System Optimization: From a systems perspective, psychological-teleological analysis includes optimizing healthcare systems to align with the goal of improving patient outcomes, enhancing psychological well-being, and meeting healthcare goals efficiently.

In summary, a psychological-teleological analysis in healthcare emphasizes understanding patient motivations, aligning care with patient goals, integrating psychological well-being into treatment strategies, and optimizing healthcare systems to facilitate the achievement of health-related aims of patients.

### Economical concerns

An economical-teleological analysis of healthcare explores the intersection between economic principles and the ultimate goals or ends within healthcare systems, considering efficiency, resource allocation, and the broader aims of healthcare provision:

1. Resource Allocation and Efficiency: Economical-teleological analysis in healthcare focuses on allocating resources effectively to achieve optimal health outcomes. It aims to balance the distribution of limited resources to meet the ultimate end of maximizing population health and well-being.
2. Cost-Effectiveness in Healthcare Interventions: Evaluating the cost-effectiveness of healthcare interventions aligns with the goal of achieving the best health outcomes relative to the resources invested. This analysis helps prioritize interventions that yield the most significant health gains for the cost incurred.
3. Value-Based Healthcare: The teleological perspective in healthcare economics emphasizes value-based care, focusing on outcomes that matter most to patients while considering costs. It aims to deliver high-value care, achieving the greatest health improvements for the resources expended.
4. Healthcare Quality and Outcomes: Economical-teleological analysis underscores the importance of measuring healthcare quality and outcomes. It aligns with the aim of assessing and improving the effectiveness and efficiency of healthcare services.

5. Healthcare System Sustainability: From an economic standpoint, ensuring the sustainability of healthcare systems involves designing systems that can meet the present and future healthcare needs of populations while optimizing resource utilization toward achieving long-term health goals.

6. Incentives and Healthcare Provision: Understanding incentives within healthcare, such as payment structures, insurance models, or reimbursement mechanisms, becomes crucial in aligning economic motivations with the teleological ends of providing high-quality, accessible healthcare.

7. Preventive and Population Health Strategies: Economical-teleological analysis encourages investments in preventive healthcare and population health strategies. It recognizes that preventing diseases or addressing population health factors aligns with the ultimate goal of reducing overall healthcare costs and improving health outcomes.

8. Healthcare Innovation and Cost-Benefit Analysis: Evaluating healthcare innovations through cost-benefit analysis aligns with the aim of assessing whether new interventions or technologies contribute to better health outcomes relative to their costs.

In summary, an economical-teleological analysis of healthcare emphasizes optimizing resource allocation, prioritizing cost-effective interventions, fostering value-based care, and ensuring sustainability—all in service of the ultimate teleological goal of achieving better health outcomes and well-being for individuals and populations within economic constraints.

### Social considerations

A sociological-teleological analysis of healthcare examines how societal structures, norms, and dynamics intersect with the ultimate goals or ends of healthcare systems, considering social justice, equity, and the broader societal aims:

1. Healthcare Access and Equity: Sociological-teleological analysis emphasizes equitable access to healthcare services as a societal goal. It aims to ensure that all individuals have fair and just opportunities to access healthcare resources and services regardless of socio-economic status or demographics.

2. **Social Determinants of Health:** Understanding and addressing social determinants of health, such as income, education, housing, and social support, aligns with the aim of improving population health outcomes by addressing root societal factors influencing health disparities.
3. **Health Inequalities and Social Justice:** The analysis explores healthcare inequalities, advocating for social justice in healthcare provision. It aims to rectify systemic disparities and structural inequalities to achieve fairer health outcomes across diverse social groups.
4. **Community Health and Well-being:** Sociological-teleological perspectives emphasize the importance of community health and well-being as societal ends. It involves fostering supportive environments, social cohesion, and community participation for better health outcomes.
5. **Healthcare Policy and Advocacy:** Sociological analysis in healthcare emphasizes policy interventions and advocacy efforts aimed at achieving societal goals of health equity. It includes advocating for policies that address social determinants and promote fair access to healthcare.
6. **Cultural Competence and Inclusivity:** Recognizing diverse cultural norms and practices within healthcare aligns with the teleological goal of providing inclusive care that respects and accommodates the cultural backgrounds of individuals and communities.
7. **Empowerment and Participation:** Sociological-teleological analysis values empowering individuals and communities to actively participate in healthcare decisions. It aims to foster collaborative healthcare approaches that respect patient autonomy and involvement.
8. **Public Health Promotion and Education:** Prioritizing public health promotion and education aligns with societal goals of preventive care and health literacy. It aims to empower communities with knowledge and resources to promote healthier lifestyles and prevent diseases.

In summary, a sociological-teleological analysis of healthcare underscores the interconnectedness between healthcare systems, societal structures, and the pursuit of societal goals such as health equity, social justice, and community well-being. It

emphasizes addressing systemic disparities, promoting inclusivity, and advocating for policies that align with broader societal aims of health and fairness.

### Viewpoints from theology

Catholic theology may provide a historical analysis of relevant concepts that have been developed and chiseled by scholars successively and successfully throughout two millennia of European history. A theological-teleological analysis of healthcare incorporates well-established theological principles and ultimate purposes within the context of healthcare practices and systems:

1. **Human Dignity and Sacredness of Life:** Theological perspectives in healthcare emphasize the intrinsic value of human life and dignity. It aligns with the aim of healthcare to honor and respect the sanctity of life, guiding ethical decision-making and care provision.
2. **Compassion and Care:** The theological emphasis on compassion and care for others is integrated into healthcare. It aligns with the goal of providing empathetic and compassionate care that acknowledges the holistic needs of individuals.
3. **Ethical Frameworks and Moral Ends:** Theological-teleological analysis provides ethical frameworks that guide moral ends in healthcare. Principles derived from religious teachings, such as love, justice, and benevolence, inform ethical practices and aim at achieving moral outcomes.
4. **Healing as a Divine Purpose:** Within theological-teleological perspectives, healing is often considered a divine purpose. Healthcare practitioners may see their roles as aligning with a higher calling to promote healing and alleviate suffering, adding depth and significance to their work.
5. **Spiritual Care and Well-being:** Emphasizing spiritual care alongside physical well-being aligns with theological-teleological perspectives. It acknowledges the importance of addressing spiritual needs and supporting individuals in finding meaning and purpose, contributing to overall health.
6. **Ethics of Decision-making and End-of-life Care:** Theological-teleological considerations guide ethical decision-making in complex healthcare scenarios,

including end-of-life care. The emphasis on respecting life's sanctity influences discussions around difficult medical choices.

7. Service and Altruism: Theological-teleological perspectives foster a sense of service and altruism within healthcare. It aligns with the teleological aim of healthcare professionals viewing their work as a vocation or calling, grounded in selflessness and service to others.

8. Hope and Healing: Theological-teleological analysis recognizes the role of hope in healthcare. It involves fostering hope and resilience in patients, recognizing the spiritual dimensions of healing beyond physical recovery.

In summary, a theological-teleological analysis in healthcare integrates theological principles, ethical considerations, and ultimate purposes rooted in religious beliefs into the goals and practices of healthcare. It emphasizes the sacredness of life, compassion, ethical decision-making, spiritual care, and the higher purposes that guide healthcare endeavors.