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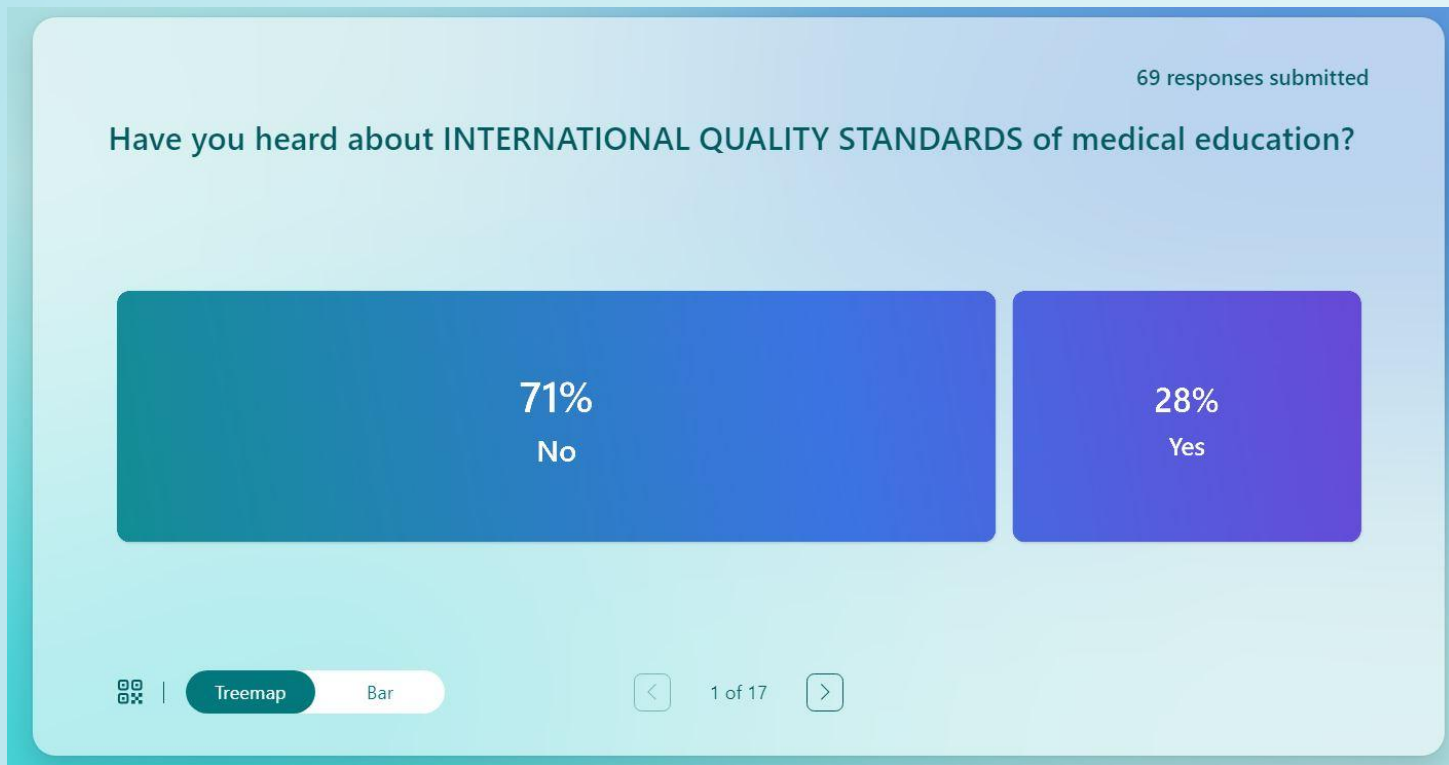
TOPIC 1

Global standards of medical education

Introduction



Results of the Needs-analysis:



If yes, the standards of which global organization are you familiar with? (optional)

"World Federation for Medical Education"

"AMEE standards, Swiss catalogue, core curriculum publications"

"Not really"

"core syllabus in anatomy - The Anatomical Society"



Wordcloud

All responses



2 of 17



69 responses submitted

If yes, the standards of which global organization are you familiar with? (optional)

"NCFMEA, WFME"

"AMSE, "

"United Nations"

"World Federation for Medical Education"

"With none of them."



Wordcloud

All responses



2 of 17

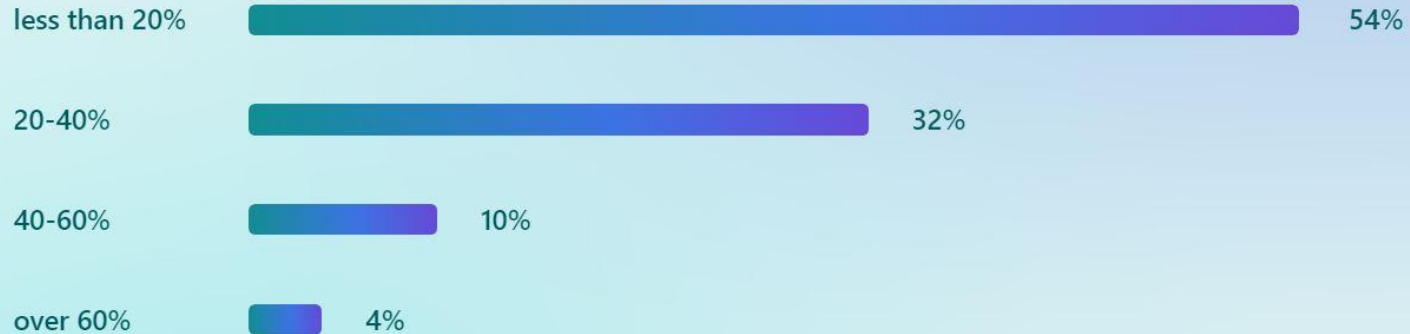




Results of polling Hungarian Anatomists during a multiplier event

50 responses submitted

What do you think WHAT PERCENTAGE of Hungarian anatomists KNOW about WFME standards? (World Federation of Medical Education)



Treemap

Bar



2 of 5



Show correct answer



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Do *all* Anatomists *need to know* about global standards in medical education?

If yes, why?

If no, why?



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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.



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According to WFME, any Medical School has some essentials:

Objectives

Social Accountability

Educational Program

Students

Teachers

Course directors



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WFME defines these fundamental requirements
as expected from medical education programs universally:

Objectives

Social Accountability

Educational Program

Students

Teachers

Course directors

If any of these elements are not provided by the institution,
it is not acknowledged as a medical school by WFME.



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What do you think about these points? Do you have any concerns?

Objectives

Social Accountability

Educational Program

Students

Teachers

Course directors

Which of these elements are not essential for a Medical School?



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 by 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*.



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.



Competitive institutions emphasize the **assessment** of

- educational processes,
- learning outcomes,
- teaching methodologies,
- student performance,
- faculty expertise, and
- institutional resources

to *ensure excellence* in medical training.



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HOW is it possible to **assess the quality** of any Medical School?

By using quality descriptors for each of the WFME principles:

Objectives

Social Accountability

Educational Program

Students

Teachers

Course directors



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Some examples of
creating **quality descriptors** for
the WFME standards:



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 teachers.



Both quality-insensitive and
quality-sensitive leadership strategies
strive for the improvement of medical education.

However, quality-sensitive leadership strategies
delve deeper into evaluating the actual educational experience
and its impact on producing proficient
and compassionate healthcare practitioners.



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The LEANbody project aims to improve the *quality* of alignment with global objectives of medical education by training course organizers of Anatomy courses.



Try to do a self-assessment of your own Anatomy course based on the quality descriptors of WFME standards shown in points A-F (previous slides)!

If any points (A-F) result in grade 1, your course is not eligible to WFME standards.

If your course is a high quality educational course, it needs to score grades 4 or 5 in all of the points.