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# Symposium on Quality of Teaching Anatomy

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# Symposium on Quality of Teaching Anatomy

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**LEAN - management: discard waste + improve essentials to move forward**

What is forward?

What is waste?

What are essentials?

How to improve essentials?

How to discard waste?



## Professional Standards Framework (PSF 2023)

Advance HE works with individuals and institutions in higher education (HE) to provide students with an excellent learning experience. This is why we manage and lead the development of the Professional Standards Framework (PSF), a globally-recognised framework for benchmarking success within HE teaching and learning support.



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## Global standards in Medical Education





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69 responses submitted

Have you heard about INTERNATIONAL QUALITY STANDARDS of medical education?

71%

No

28%

Yes

Results of the Needs-analysis

69 responses submitted

## 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







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Survey about  
global standards

<https://morphology.med.muni.cz/symposium>



self  
reflection  
about the  
meaning of  
elements of  
WFME  
standards



**Less than 10% of Central European anatomists have heard about WFME standards.**

**Why should all anatomists know about WFME standards?**

*“To improve quality of teaching anatomy.”  
opinion of a Czech course organiser from MUNI*

## Why should all anatomists know about WFME standards?

“It might help anatomists

- 1) to align their teaching and learning objectives with the expected competencies and outcomes of medical graduates in the global context.
- 2) to implement innovative pedagogical methods and tools that can enhance the quality and effectiveness of their anatomy education.
- 3) to evaluate and improve their anatomy curriculum and assessment methods, and to ensure that they meet the accreditation and quality assurance criteria of their institutions and countries.
- 4) collaborate and network with other anatomists from different regions and cultures, to exchange best practices and experiences in anatomy education.”

***opinion of a Czech course organiser from MUNI***



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## Is it bad that less than 10% of Central European anatomists know about WFME standards?

“The **ideal percentage** of Central European anatomists who should know about global standards in medical education is **100%**.”

However, I understand that this may **not be realistic** or feasible in the short term, and that there may be challenges and barriers to achieving this goal.

It may **depend on** various factors such as the curriculum, the accreditation of that specific faculty in **the region**.

I would also say that maybe **more of them knows about the existence of global standards**, only they did not know the correct term for that, or **they are using "another" standards at their faculties**, that might be in coexistence with GS at all.”

*opinion of a Czech course organiser from MUNI*



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## The WFME standards

were designed **to assess**  
*the equivalence* of medical education programs  
**across different cultural contexts.**

Is such assessment **possible**?

Can such assessment be **accurate**?

Can such assessment be **reliable**?



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According to WFME, any Medical School has some essentials:

**Objectives**

**Educational Program**

**Students**

**Teachers**

**Course directors**

**Social Accountability**



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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

**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).





**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**).



**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*.

**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 professionalism.

**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.

**Social Accountability:** *how well* can published data on past performance demonstrate if objectives (**A**) are realistic or not?

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

Try to do a self-assessment of your own Anatomy course based on the quality descriptors of WFME standards!

If any points 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.





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