

Self-Reflective Survey Tool for Anatomists about Global Standards in Medical Education

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* Required

In this section please provide information about yourself!



1

Who are you? *

- course organiser or teacher of anatomy courses with teaching experience > 10 years
- teacher of anatomy courses with teaching experience < 10 years
- student of anatomy courses
- demonstrator of anatomy courses
- Other

2

Which University are you affiliated with in your role related to teaching Anatomy? *

Beliefs about global standards in medical education

3

Here are some beliefs about **CONTENT delivery** in medical education. What do you think about them? *

	This is irrelevant	This is likely NOT relevant	Can't decide if this is relevant	This may be important	This is essential
The amount of absolute and necessary truths to be delivered is huge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truths about both the human body and human behaviour is part of content delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truths about how to care for the sick and for the vulnerable is part of content delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content delivery needs to be managed in a professional way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Here are some beliefs about **skills development** in medical education. What do you think about these beliefs? *

	This is irrelevant	This is likely NOT relevant	Can't decide if this is relevant	This may be important	This is essential
IN-PERSON communication skills is part of skills development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learner Centered Pedagogy is part of professional management of skills development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engagement of all international students is part of professional management of skills development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here are some beliefs about **attitude development** in medical education. What do you think about them? *

	This is irrelevant	This is likely NOT relevant	Can't decide if this is relevant	This may be important	This is essential
Nurturing universal wisdom about why to care for the sick and for the vulnerable is part of attitude development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of students professional attitudes is part of attitude development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intercultural communication competence is part of attitude development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here are some beliefs about the **global need to increase** the number of graduating medical doctors. What do you think about them? *

	impossible	improbable	Can't decide	probably possible	obviously possible
It is ... to reduce the dropout rates of anatomy courses through a better management of the learning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is ... to reduce dropout rates of anatomy courses through a better management of the teaching process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is ... to reduce dropout rates of anatomy courses through a better management of the wellbeing of students .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is ... to reduce dropout rates of anatomy courses through a better management of the wellbeing of teachers .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awareness about global standards in medical education

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Please guess! What percentage of anatomists globally know about global standards in medical education? Please give your guess as a number (0-100)! *

You are invited also to explain your estimation!

8

What percentage of anatomists globally do you think SHOULD know about global standards in medical education? Please give your answer as a number (0-100)! *

Again, you are invited to give an explanation to your numeric answer!

Case study: awareness about global standards in medical education in Central Europe

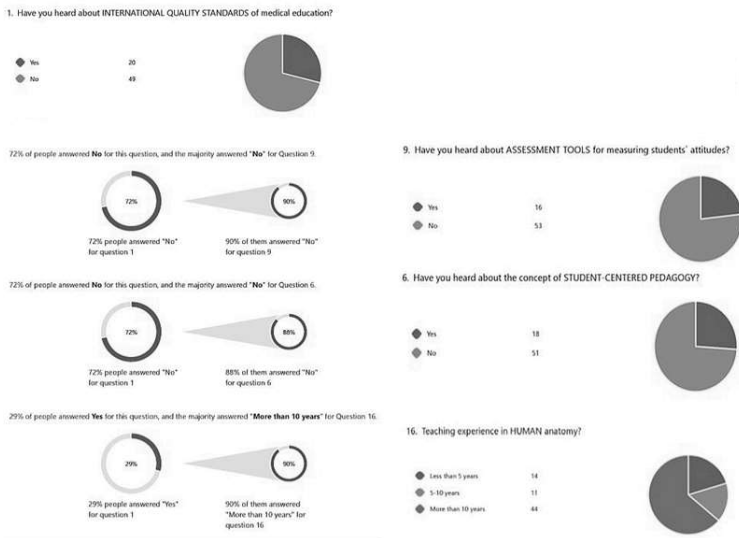
Prior to developing this project we asked Central European anatomists if they know global standards in medical education. Evaluate the outcome of our investigation!

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In our study conducted in 2021 among 69 Central European Anatomists, 29% of them were aware of some particular global standards in medical education.

*

Please evaluate this result! 1 - unacceptable outcome, 2 - prefer not to evaluate it, 3 - desirable outcome.



1

2

3

10

Less than 7% of Central European Anatomists were aware of specifically WFME standards (World Federation of Medical Education). Evaluate this result! 1 - unacceptable outcome, 2 - prefer not to evaluate, 3 - desirable outcome. *

1

2

3

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Please give an explanation of your evaluation (optional)!

The global standards in medical education - definitions

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. For the sake of the LEANbody project, we have condensed the contents of WFME standards into six categories: Students, Teachers, Course directors, Objectives, Educational Program (Curriculum), and Social Accountability.

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 the following statements? *

	clearly impossible	unlikely to be possible	Can't decide	probably possible	obviously possible
Assessing the equivalence of medical education programs across different cultural contexts is ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is ... that such an assessment is accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is that such an assessment is reliable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Objectives in medical education can be defined as such that are set by the leadership of the medical program in order to align with the healthcare needs of society. (E.g. To train junior doctors who are skilled in the diagnostic and therapeutic processes of modern medicine.)

Do you agree that setting specific objectives is an essential component of medical education? Please explain your reasoning? *

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The Educational Program in medical education can be defined as such that is designed by the leadership of the medical program in order to align with the objectives through evidence-based natural and social sciences.

Do you agree that such a definition of an educational program is essential in medical education? Please explain your reasoning! *

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Social Accountability in medical education can be defined as an obligation of leadership to publicly demonstrate evidence that the objectives of their medical program are realistic. (E.g. '875 junior doctors have graduated at DREAM University in 2024, out of them 54% with excellent grades').

Why do you think social accountability is an essential component of medical education? Please explain your reasoning! *

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Students in medical education can be defined as those who can freely and willingly align with the objectives of medical education by undergoing comprehensive and fair assessments of their progress and competence throughout the educational program.

Please think about this definition. Do you agree that defining students based on their ability to pass their exams is essential in medical education? Please explain your reasoning! *

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Teachers in medical education can be defined as those who can align with objectives of medical education through engagement in competent teaching of students, in research of their academic field, and in professional development.

Please think about this definition. Do you agree that defining teachers based on their ability to engage in both teaching, in research and in professional development is essential in medical education? *

Course directors in medical education can be defined as those who can align with objectives of medical education through providing resources needed for effective learning and teaching, and through performing a systematic review of success and well-being of both students and teachers related to their course.

Please think about this definition. Do you agree that defining course organisers based on their ability to manage educational needs of both students and teachers is essential in medical education? Please explain your reasoning! *

Please rank order the WFME components based on your subjective assessment of their importance for anatomists! The top one should be the most important for anatomists, the bottom one should be the least important for anatomists. *

Educational program of the medical faculty

Students studying anatomy

Social accountability of the leadership of the medical program

Teachers teaching anatomy

Course directors of anatomy courses

Objectives of the medical program

Quality assessment of medical educational programs

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.

Competitive institutions are aware of global quality standards of medical education. Quality standards focus not only on adherence to established guidelines (e.g. WFME) but also on the actual

-quality,

-effectiveness, and

-outcomes

of medical education programs.

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What do you think about competitive institutions? To what extent do you agree with the following statement? "*To ensure global excellence in medical training, competitive institutions emphasize the assessment of...*" *

	Strongly disagree	Disagree	Can't decide	Agree	Strongly agree
educational processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
teaching methodologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
student performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
teacher expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
student well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
teacher well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


What does "assessment of quality" mean for you? What do you think about these statements around the concept of "quality"! *

	Absolutely FALSE	Probably NOT true	Can't decide	Probably TRUE	Necessarily TRUE
Defining what is good or bad is essential prior to quality assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defining what is good or bad needs objective and absolute standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is good or bad can be discovered through own experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is good or bad can be discovered through others' experiences (e.g. WFME standards)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of quality means inquiring both the good and the bad things in the medical program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality assessment and WFME standards



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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

Below is an example about how the **quality of setting objectives** in medical education could be assessed. We use a scale of five (1- worst, 5 - best) for the sake of this thought experiment.

(1) *Fail* means that there are no objectives set at all, or the objectives set can cause harm to the society. E.g.: To produce doctors who know everything about the anatomy of the human body all the time in any circumstances. Such a scenario can be a very dangerous objective, as such an objective would need a very intensive training strategy (with excessive rote memorisation tasks) which can harm both mental wellbeing and professional attitude development of students who intuitively and rightfully doubt the validity of such an objective. Producing doctors with decreased mental fitness and compromised professional attitudes due to forceful indoctrination with huge amounts of useless anatomical details is harmful to society. (2) *Satisfactory* objectives of a medical program are neutral or irrelevant to the healthcare needs of society. E.g.: producing doctors who are excellent in diagnosing disease. Their doctors may successfully diagnose all known diseases. However, successful treatment comes by chance alone if these doctors were seriously limited in gaining practical experience in medical interventions during their training. Medical schools aiming for only a limited clinical training may represent this level of quality. (3) *Good* objectives of a medical program aim to produce junior doctors who are competent in diagnosis and treatment of some disease. However, graduates need further training after graduation to earn an actual licence for medical work in particular countries. Medical schools which are unaware of licensing requirements for the medical profession of given countries may fall into this category. (4) *Very good* objectives of a medical program aim to train doctors who are competent in diagnosis and treatment of most of the known diseases. Graduates do not need further extensive training after graduation to obtain licence for medical work. However, their graduates lack the skills to conduct investigations about yet unknown diseases or about new treatment strategies. Medical schools with limited and low quality research programs fall into this category. (5) *Excellent* objectives of a medical program aim to train doctors who are competent in diagnosis and treatment of known diseases and in conducting research into yet unknown conditions and treatment options.

In what ways do you or do you NOT agree with such an assessment of goodness and badness of OBJECTIVES in medical education? *



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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).

Below is an example about how the quality of the educational program in medical education could be assessed.

In what ways do you or do you NOT agree with the following definition of goodness and badness of the medical educational program? *



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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).

Below is an example about how the quality of student populations in medical education could be assessed.

In what ways do you or do you NOT agree with the following definition of goodness and badness about students in medical education? *



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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*.

Below is an example about how the quality of teachers in medical education could be assessed.

In what ways do you or do you NOT agree with the following definition of goodness and badness about teachers in medical education? *



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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.

Below is an example about how the quality of course directors in medical education could be assessed.

In what ways do you or do you NOT agree with the following definition of goodness and badness about course directors of medical schools? *



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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.

Below is an example about how **SOCIAL ACCOUNTABILITY** in medical education could be assessed.

In what ways do you or do you NOT agree with the following definition of goodness and badness about social accountability in medical education? *

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B. 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

Conclusion

This survey summarized what the global standards of medical education are and how these can be used for quality assessment of medical courses including Anatomy Courses.

Clarity about the underlying universal principles of the WFME standards will allow you to better align your existing Anatomy Course with global healthcare needs. Importantly, you are expected to do this (i.e. align your existing Anatomy Course with global healthcare needs) while considering your local contexts with great care. The purpose of the LEANbody project is exactly this: to improve the quality of medical education by supporting course organizers of Anatomy courses with better tools to align their educational objectives with global goals better.

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Which part/topic/concept was the most helpful for you in learning about WFME standards? *

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Do you have any helpful comments? *

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