BEN-GURION UNIVERSITY OF THE NEGEV

Faculty of Health Sciences

The Joyce and Irving Goldman Medical School

The Medical School for International Health (MSIH)

The Response to the Medical Schools Evaluation Report

November 2014

Committee Recommendation	Steps toward implementation and time table
Section 1 - Organizational Structure:	
i. The University should take the lead in a reassessment of the funding of medical education and how it and the funding of the health system to serve the needs of the Negev population can be coordinated. This might include training non-physician clinicians such as nurse practitioners, physician assistants, and nurse anesthetists. *A one year time frame for reassessment and developing possibilities should suffice. Within two-three years, a group representing the University, health system, and government or other funders, might develop a specific plan and obtain appropriate financing for a regional pilot.*	Funding medical education is one of the main concerns that the University via the Faculty of Health Sciences (FOHS) is involved in. However, the entire funding comes from the Council for Higher Education (CHE) via the Planning and Budgeting Committee (PBC), which has not been adjusted to serve the needs of the Negev population. To be more accurate, it is based on the CHE's mathematical model of the number of students combined with the scientific/research products of the faculty members. The president of the university, Professor R. Carmi, has made countless effort to change the model without any success. Despite this within the available resources, the FOHS is redirecting resources to special educational issues and working to promote adjusted medical education to this region. Several examples: • The FOHS with the teaching hospital established a program that encourages our graduate physicians to remain in the Negev and to redirect their training to the most needed medical fields. This will alleviate the demands of the growing population and the special needs of the Negev population, because one of the main issues is the shortage of physicians in certain medical fields including primary care. • Training non-physician clinicians: o The FOHS, through the Goldman Medical School and the Recanati School for Community Health Professions is ready to submit to the CHE a program to train physician assistants. The FOHS is ready to start this program immediately. However it still needs to be approved by the Ministry of Health and the professional organizations. o Whether this will assist and meet the needs of the region is a debatable issue. • The FOHS and the schools of medicine are currently evaluating the feasibility and cost of new clinics for community-based medical education, and considering some form of longitudinal medical education for medical students and other medical disciplines. This will be organized in two types of clinics: city clinic (that might be near the teaching hospital), and rural clinics that will be in remote areas but will nevertheless provide comprehensive multidisciplinary treatment and medical education. This issue is addressed in the previous section. Funding is a major issue and there are discussions with the Ministry of Health, the Ministry for Development of the Negev and the Galilee, and several other funding sources that might support this approach. Of note is the fact that the cost of such clinics is significantly higher than that of a regular clinic and the program involves cost-effective evaluation of such options.

ii. The committee recommends that BGU give special consideration to the unique nature and needs of medical schools to have both clinical and non-clinical faculty and researchers. This might include modifying promotion criteria to support clinician educators and clinician researchers.	The medical schools already have both clinical and non-clinical faculty and researchers. The FOHS is encouraging students in the Goldman MD program to join the MD–PhD program. Another new initiative is the researcher and physician "protected time" concept that we are developing, whereby an MD faculty member will be involved 75% of the time in research and 25% as a clinician, and will teach both fields to the students. A clinical track of academic promotion is currently under consideration.
iii. There are significant benefits to continuity of leadership. Accordingly, consider having the dean serve a longer term. Also, consider the possibility of appointing vs. electing the dean [Intermediate term}	The FOHS has already started a process to assess and update its academic rules and regulations. The issues of the dean's term duration and the process of electing the dean will be addressed
Section 2 - Mission and Goals:	
i. Continue supporting each of the following mission-relevant programs (long-term).	
Beit Hamidrash-Noam: Learning the Human Spirit – a humanism curriculum	The program continues with our support, and beginning this year will be conducted as a small-group format
Interprofessional education (IPE) – a teamwork curriculum	The program continues to evolve, and beginning this year will be conducted with additional collaboration of nursing students. Beginning next year, we plan to add students from physiotherapy and pharmacy to the program.
Buds of Medicine in the Negev – a program to enrich the preparation of potential Bedouin students	The program continues. This year 2 students from the program were admitted to medicine and 3 to pre-med programs.
Facilitated admissions process for underrepresented populations	This is problematic from a legal aspect, but we plan to explore creative possibilities in this area.
Collaborative research program for faculty	Promoting research collaboration between clinicians and basic science labs is at the highest priority of our current goals. We established a call for collaborative research and the first round of applications is already under review. The projects will be funded by January 2015. There will be a new call for such collaborative research each year until 2017 possibly with increased budget.
Center for Medical Education – faculty development; continuing professional development	In addition to our ongoing faculty development program, we plan to put more emphasis on acquiring new teaching techniques. An outline of our plans in this respect is depicted in the appendix (Teaching Reform Project)

Simulation Center – new physical facility; incorporation of simulation into the curriculum as appropriate to facilitate development of competencies *MD/PhD Program (See Recommendations in Section 8)* *The voluntary community-oriented service programs of the Medical Student Association (ASRAN) in which the majority of students participate.*	Although construction of the Simulation Center building is currently on hold until resolution of the conflict between the university and Kupat Holim, development of the academic aspects of this project are ongoing. See sections 3v, 7 and 8 The faculty continues to support these programs financially and academically. All new elective courses are required to have a voluntary component embedded in them.
ii. Ongoing assessment of the outcomes of the school, including the quality of education and the outcomes of the students. Include results in future self-evaluation reports. (long term)	In the past we conducted several quality assessments of our horizontal pre-clinical curriculum. We plan to adopt this as a permanent ongoing plan, each year conducting a self-evaluation session of a different component of the 6-year curriculum. We plan to include competency-assessments in our annual debriefing sessions of individual courses. We will also explore possibilities of conducting an assessment of the competencies and outcomes of our graduates.
Section 3 – Study Programs:	
i. Adopt a competency/outcomes-based approach to curriculum and to student assessment in order to keep pace with best practices in medical education. *a. First develop and maintain specific, outcomes based learning objectives for each course (short term)* *b. Then develop a competency-based framework for assessment of students' attainment of each of the detailed learning objectives (intermediate term).*	As part of the Teaching Reform Project, we intend to develop learning objectives for each course as well as each individual teaching session (see appendix). This is an important step in our planned reform that will hopefully follow the development of competencies and learning objectives. As mentioned above, we plan to include competency-assessments in our annual debriefing sessions of individual courses.
ii. Inject more interactive teaching methods into the curriculum. *a. Reduce frontal lectures to a minimum. They are currently the predominant teaching method.* *b. Make maximal use of adult learning methods. Greatly expand opportunities for learning in small, interactive groups (such as in problem-based learning).* *c. Make better use for available educational technologies.*	These objectives are part of our new strategic plan for medical education (see appendix)

d. Develop a plan to increase active learning in courses that currently are lecture-based (short term) *e. Implement the plan (intermediate term).*	
iii. Develop opportunities for longitudinal clinical experiences. The Committee feels is essential to students' understanding of and skills development in chronic disease management. Future development of the community-based primary care teaching program should address this curricular need. (intermediate term)	This is another problematic area. In the early days of the school we ran a program called "family project" where each pair of students followed a patient and his/her family for several years. This was discontinued due to logistic reasons. Re-instituting such a program for a class of 110-130 students will require enormous resources (such as mentors). However, we are willing to take the committee's advice and explore the options for a modified program.
iv. Review the scope and administrative infrastructure of the research thesis program, perhaps in the context of the proposed multiple track system (short term). *Implement appropriate changes to enhance the value of the program (intermediate term).*	Although this is a national issue and is being examined in detail at the Forum of Deans of Medical Faculties in Israel, we have made several modifications at the level of the FOHS: 1. Students may now make their initial proposal as early as the first year of studies. 2. Students may turn for help to either the Department of Epidemiology of the FOHS and/or the Clinical Research Centers of our major teaching hospitals (Soroka and Barzilai). 3. We have established a special web site, the purpose of which is to both guide the students as well as to organize the process, both at the faculty level and for the students. 4. Within the promotion system (between senior lecturer and associate professor) special recognition will now be given to those faculties who act as supervisors. Within 3 years this task will become obligatory for promotion. (see also section 4i b). Although MSIH does not use the same mechanism that the Israeli school does, for the thesis requirement, the school does require an equivalent piece of work for the MD.
v. *Review the structure of the existing MD/PhD program (short term)* *Make it a true combined degree program rather than what it appears to be at present, namely, an opportunity to enroll in and fulfill the course credit requirements of two separate degrees. Although the Committee was told at BGU that the requirements are mandated across the country, it learned that at least other universities follow a different policy.* *Accordingly, the Committee recommends that BGU change its local policy to allow credits from certain courses to be applied both towards the*	We are currently reviewing the MD/PhD program with the aim of making it a truly combined MD and PhD degree. We have already started discussions with the Dean of the Kreitman School for Advanced Graduate Studies, with the aim of reducing the burden of course credits that these students must have. We plan to reduce the number of required MD/PhD course credits by allowing MD courses relevant to the PhD program to be used as credits for the combined MD/PhD track. The credit required for the MD/PhD program will be equivalent to other medical schools in Israel, and parallel programs at BGU (MPH). We trust that this will make the MD/PhD program more attractive to prospective candidates. For more details see section 7.

MD and PhD degrees. This should make the MD/PhD program less onerous and more attractive to potential candidates.	
vi. Consider how the courses and experiences offered in the two schools (Goldman and MSIH) might complement each other (intermediate term). For example, consider how pilots in one school might be extended to the other.	This is an important but challenging objective. A clinical week in "preventive cardiology" that used to be taught to the Israeli students (year 2) and MSIH students (year 1) together was terminated due to problems related to the large class size, language obstacles and curriculum synchronization. However, we plan to set up a joint committee to explore new avenues in this direction, especially related to unique topics such as cross-cultural and global medicine, USMLE preparation courses as well as interprofessionalism. This is already being done in our Global Medicine modules taught in MSIH which Israeli students also attend. We would also like to send more interested Israeli students along with those from MSIH to its developing world sites. We would like to point out that joint social meetings have already been started to develop.
vii. For MSIH students, develop sufficient support and programs so that they acquire the Hebrew language skills necessary for professional communication with patients and staff.	As pointed out in the report, we have already expended a lot of resources (both financial and curricular time) in teaching Hebrew. In our experience many but not all reach a sufficient level. In recognition of this lacuna we have long grappled with how to increase their language skills including changing the formal academic status of the Hebrew studies (which are mandatory but not pass/fail) to a pass/fail on the transcript. So far we have not done so out of concern that it would be psychologically and politically very difficult to hold back a student who had otherwise done well in all academics but had only failed Hebrew. No less important is the fact that we are at least in part in competition with both the other Israeli Int'l schools in Haifa and Tel Aviv, unlike MSIH, neither of these schools have mandatory Hebrew classes. Thus were we too strict in this domain, we might find some MSIH students "migrating" there. Any ideas as to how to future improve the situation would be welcome.
viii. Carefully evaluate the likely impact on the resources (faculty, hospital sites, ambulatory sites) required by the Goldman School, particularly in light of recent and likely future class size expansion. (short term)	This issue was addressed in the comments to Section 1 - Organizational Structure: The FOHS is currently evaluating future clinical sites and modes of medical education. This issue will also be addressed in the process of strategic planning by the group that will evaluate and plan medical education, especially medical school education.
Section 4 – HR (Human Resources) /Faculty:	
i. *Formulate guidelines for continuing professional development/faculty development in education and training (short term)*	See section 5iii and 6iii, All the activities detailed in these sections will be documented and available to the vice dean for academic promotion.

a. Use the faculty development guidelines for documentation of activities by faculty (intermediate term) *b. Incorporate participation in faculty development into promotion criteria (long term).*	Involvement in medical education, whether in the form of courses taken or taught, scientific meetings or research has been, and continues to be a factor justifying extra credit in the process of academic promotion. See also section 3iv.
*ii. Initiate high level discussions between BGU and the health system, especially Clalit and Soroka Hospital, to develop approaches that will facilitate the education, training, and research components of the work of all physicians and for developing a strong cadre of clinician scientists. (**See section 2i – above**)*	See section 2i
iii. In collaboration with the Sick Funds discuss with the Ministry of Health extending the premium pay award to family physicians in the periphery (short term).	This issue has already been discussed with the director general of the Ministry of Health Prof. Arnon Afek. It is an issue with major financial implications. It will be discussed with the Health Funds and will be considered within the educational financial resources of the University and FOHS.
Section 5 - Students:	
i. Despite the fact that the present admission process is time-honored, it is highly resource intensive. It should be subjected to formal review of its effectiveness; and its outcomes should be compared to the other schools. (intermediate term)	In order to make this process more efficient we have taken the following steps: The first interview has been replaced by a computerized evaluation which is meant to assess relevant personal characteristics, emotional maturity and social interaction. This tool was developed in collaboration with a company which specializes in such assessments *(Til International, Psychological assessment solutions http://www.tilint.co.il).* This system was pretested and evaluated over a period of two years. This change will, we hope, facilitate: 1. A longer (one hour to an hour and a quarter) single interview. 2. A smaller (at least by 30%) admission committee but more extensively trained. 3. Decrease the prerequisite threshold by 25 points thus allowing more candidates to compete. We plan to assess this change and to compare the results to the system utilized in our sister faculties across the country. Over the past years we have indeed compared our system to those used across the country and we are confident that our instrument in this critical issue is cost effective.
ii. Provide more information to students before each teaching event including greater detail about the content of the	See appendix and comments above

session, expected learning outcomes, and supplementary teaching materials. (short term)	
iii. Improve the preclinical frontal lectures. Actively involve students in the preparation of teaching materials. (short term)	A process of self and peer review of frontal lectures will be launched in 2015. This process is based on the study by McLeod, et al. *(Med Teacher 2013: 35; e1046)*. Lectures will be video-recorded. The lecturer and a peer (according to the lecturer's own choice) will review the lecture using a validated evaluation form. The evaluation will be discussed together with a member of the Center of Medical Education and compared to evaluations done by students. Based on published data we believe that a non-threatening environment and a structured assessment instrument will increase awareness to the elements of a successful lecture (slide use, body language etc). An ethical approval for the process has already been accepted. We have already an ongoing process of decreasing the need for frontal lectures and increasing students involvement. Our students are given various assignments based on recently published papers. Not only are they required to read them, but also to summarize, discuss, present and integrate the contents of these papers with the materials taught in the courses. Furthermore, the teaching staff is in continuous interactions with the students and their selected representatives with regard to the quality of the given lectures, novelty of the materials, and application of the most recent pedagogical approaches.
iv. Relieve students on the MD/PhD course of the need to take unnecessary or duplicate courses. (see Recommendations in Section 4).	We are working towards this goal. See above (section 3v)
v. Formulate guidelines for faculty involved in education, training, and research about how students can get summer research placements (short term) and formulate guidelines for students to facilitate their getting summer research placements (short term).	A new MD/PhD committee was recently established in the FOHS consisting of two faculty members, both former MD/PhD students. We believe that being familiar with the problems that they have encountered will help in improving this program. One of their missions will be to establish new guidelines for the recruitment of summer research students and their placements in the different research laboratories in the faculty.
vi. The Goldman School should strengthen its relationship with its alumni by "community-building" efforts, for example, newsletters, alumni events and ongoing involvement in the development of the School. (intermediate term)	With respect to our alumni association we plan to increase our activities as were outlined in our original report. One major step will take place at the upcoming celebration of the FOHS 40th anniversary and we are building on this. Although MSIH was not mentioned in the report's section dealing with FOHS alumni and the lack of activities in this domain, it should be pointed out that MSIH (and thus by extension FOHS and BGU) does have a large and active alumni association, (elected president Dr Brian Neese, Family Doctor and Captain, US Air Force). Our more than 400 MSIH alumni act as mentors to our students and help them with residency

	interviews and elective applications, not to speak of providing ongoing career advice.
Section 6 – Teaching and Learning Outcomes:	
i. Construct, as soon as possible, the planned simulation center, to make it more possible to facilitate competence-based learning (short term).	See comments above
ii. Ensure that the curriculum has specific and meaningful learning objectives for each course (short term). *a. Document student attainment of the learning objectives.* *b. Create new methods to assess teaching effectiveness in addition to student opinion. Possibilities could include peer review (most likely to be an assessment of process); attainment of competence by learners (assessment of outcomes).* *c. Determine the science base essential for future physicians by careful and thorough development of learning objectives for basic science courses.*	See comments above These are useful ideas which will be explored by our exam committee. See comments above
iii. Provide faculty development for all forms of teaching.	For the planning of our Faculty Development (FD) program, a needs assessment was performed in 2012 by our faculty member *[Tandeter H, et al. A Needs Assessment for FD Activities in Medical Schools in Israel. J Fam Med. 2014;1(2): 3]* this study showed that over 60% of faculty members had never participated in any FD activity and 50% expressed interest in participating in individual FD activities in most of the topics suggested. The first activity developed following this assessment was a comprehensive, interdisciplinary FD program that ran during 2013, dealing with issues of adult learning, teaching methods, curriculum and assessment (among other). More than 20 members of our faculty (physicians, nurses, researches, and physiotherapists) participated in this curse that had excellent feedback. Future FD programs planned for the FOHS will include: 1. A periodic comprehensive, interdisciplinary course. 2. Individual FD activities suggested in our needs assessment process, and 3. A shorter FD program dealing exclusively with teaching methods, to improve teaching (mostly for teachers with poor students' evaluation).

	See also section 5 iii
iv. Enhance the current promotion process, which nominally considers teaching, so that there is greater consideration of teaching performance for all categories of promotion (intermediate term).	See section 4i b
v. Consider validating assessments of student performance against their results on the USMLE (long term).	At MSIH we already follow our students' USMLE status very carefully given that these results have a significant influence on whether and to where our American students match. We are also in the strange situation that the FOHS's ***overall*** USMLE first time pass rates (both Israeli and US students) must be >75% in all three exams each year (step 1 and both parts of step 2). Otherwise, we lose our eligibility to authorize Federal student loans for our American students; a blow which would have very serious budgetary implications to MSIH should this happen. However, re the MSIH admission process we know from the educational literature that high MCATs correlate very well with USMLE pass rates. Thus as pointed out in the report, for this and other reasons, over 3 years ago we raised our intake MCAT target to a target of around 30 (which is actually a bit higher than the US schools intake average score [28.4 in 2013 – see AAMC data]). As well, our match rate within 1 year of graduating from MSIH is close to 95 % so we do not know how else we can track these data. The situation seems quite good already.
vi. Develop a process for assessing that students have met predetermined knowledge milestones and predetermined learning objectives, and that they achieve essential competencies (long term - ongoing).	See comments above
Section 7 – Research:	
ii. Consider local and national policies for developing physician scientists. (short term). *a. Advocate for a national policy on physician scientists. Just as residency programs are supported, a complete PhD and postdoctoral research experience should be supported.* *b. The PhD component of the MD/PhD requires more than two years of work and thus requires more than two years of PhD support.*	Along these recommendations for the MD/PhD program, it will undergo complete re-assessment, and we are currently working towards: 1. Reducing the number of required MD/PhD course credits, initially so they are equivalent to other medical schools in Israel, and parallel programs at BGU (MPH). Subsequently, we will consider how MD courses relevant to the PhD program can be used to credit the combined track. 2. A dedicated MD/PhD seminars course will be launched ("The clinician scientist"), related to both academic and career development contents and challenges unique to this track.

c. Make the MD/PhD program a truly combined degree program (See Recommendations in Section 5).	3. Academic course credits will be granted to activities relevant to the MD/PhD track, including participation in national and international organizations' clinical and basic sciences workshops and courses. 4. We began working towards changing the MD/PhD program to be defined as requiring 3 full-time, consecutive years, for the PhD part, with an option of shortening this period to 2 years based on the PhD advisory committee recommendation, if unique advance had been made. This is in line with other MD/PhD programs in Israel.
iii. Advocate for new national policies related to the postdoctoral fellowship (intermediate term). Such policies are necessary in light of Israeli academia currently requiring an out-of-country experience. Foreign sources of support are drying up, and in many instances Israeli scientific institutions are as good as the best foreign ones. Furthermore, the need to leave the country may pose a particular problem for women with families.	The national policy for postdoctoral fellows is not just a BGU issue. In fact, although the Israeli institutions are similar to many in the US and Europe we still find it important to leave the country for postdoctoral fellowship for those who intend to become PIs. We should however be able to recruit those who cannot leave and offer them long-term positions. This is currently not working due to budget limitations. See also section 1
iv. Advocate for national development of strong and enforceable regulations on how much time, including on-call time, can be required of each faculty member in clinical fields in order to mitigate the uncertainty for the physician-scientist recruited into a faculty position about finding time to do clinical work and science (intermediate term). There are similar issues for the physician-educator, and the same types of rules are required. And, of course, the new physician faculty member who is part clinician, part scientist, and part educator faces these uncertainties both for doing science and for teaching. The need is clear; and it is essential to reduce the extraordinary and counterproductive expectations on the physicians involved.	See section 1i
Section 8 – Infrastructure:	
i. Construct, as soon as possible, the planned simulation center, to make it more possible to facilitate competence-based learning (short-term).	See section 2i

ii. Evaluate the need for student study space and lengthening the hours that students can access the current space especially during examination periods (short-term).	A survey will be performed during the first semester of the coming academic year in order to evaluate the above mentioned issues. If found necessary, the period available for student self-learning will be expanded (today it is from 8AM to 08.00PM) and teaching classes which are not presently used for self-learning will be used for that purpose.
iii. Ensure that there is a good strategic plan specifically for the use of various types of simulation, e.g., standardized patients; and low, medium, and high fidelity simulators, to facilitate various types of learning, e.g., communications skills; technical skills interprofessional team interactions, in various types ofsettings, e.g., inpatient, ambulatory, etc (short-term).	The strategic planning for medical education will address these issues.
iv. Perform a formal assessment of available and potentially available infrastructure, both physical and human resources, under scenarios of various increases in total number of students and various proportions of Goldman School vs. MSIH students (short-term).	If plans for expanding teaching space would have been initiated today, it would take 4-5 years to complete. As such plans were not initiated, the problem of the lack of teaching space can be solved by extending the use of the existing classes (e.g until 08.00 PM instead until 05.00 PM as it is today) and obtaining classrooms in the main campus. The effect of MSIH on clinical sites is real but minor. As we have pointed out before, closing MSIH and taking the equivalent number of Israeli meds students (approx 30-40) is certainly on the surface feasible but BGU and the FOHS would also lose quite a bit in doing so. Apart from the loss of money to BGU and the FOHS (approx $5,000,000 annually) which substituting Israeli students would not come close to generating, as we all know, universities around the world are ranked in part by the number and quality of foreign students it attracts. While MSIH is by no means BGU's only int'l program, it is by far the largest and most prestigious. As well, on returning home after spending 4 year in Israel, our students often turn out to be wonderful ambassadors for both BGU and the State of Israel. A good (but not exclusive) example is a recent radio interview in Urdu on a Toronto radio station with one of our grads Dr Javeed Suhkera a Canadian Moslem of Pakistani parentage who extolled the virtues, not only of BGU, FOHS and MSIH but of Israeli medicine and the country in general. He also published a constructive letter in the BMJ relating to the recent Gaza War. While this consideration is hardly an issue of medical education per se, we must not ignore such dividends in soft power that investing in MSIH brings the Faculty, BGU as well as the country. All that being said, in recognition of the critique re student numbers, over the last 2 years MSIH made a formal proposal to the university and to the MALAG to enable us to bring in to MSIH up to 10 Israeli students (interested in Global Medicine and acceptable to the FOHS). Unfortunately, this idea foundered

	on the MALAG/VATAT regulations which prevent us from taking the VATAT monies into the budget of MSIH which is deemed a "project". Should we be able to solve this problem we could at no significant cost, with only one year's notice increase the enrolment to the FOHS by 10 Israelis.
v. Develop a Library strategic plan for ensuring that students and Faculty are supported for optimally efficient and effective self-directed and lifelong learning (intermediate term).	There is a strategic plan for (medical) information literacy, based on the 7 pillars of info literacy of SCONUL *(Society of College, National and University Libraries (UK).* In the past academic year, the library gave full instructional days on medical information literacy for medical students in the clinical years (5th and 6th year). In these meetings we covered, EBM, different types of publications (e.g. review articles, systematic reviews etc.), accurate searching and evaluating of the literature, citing and writing, the use of clinical databases and the advantages of e-books. Our plan for 2015 is to hold these full intensive days in the 4th year closer to the research preparation course given that year. These activities are supported by the online information literacy guides written and edited by the library staff. http://libguides.bgu.ac.il.
vi. Develop and implement a plan for the expansion of faculty development for teaching and for assessing the effectiveness of faculty development activities. ***(See Section 5)***	See comments above
Section 9 – Self-Evaluation:	
i. The Committee recommends that the Faculty of Health Sciences at Ben-Gurion University (and indeed the corresponding faculties at the other schools in Israel it has reviewed) develop formal strategic planning and review processes (short term)	We strongly agree with this recommendation and welcome it. It will be very helpful and relevant to all the schools.
ii. Perform an internal review of the strategic plan not less frequently than every other year. (intermediate term)	See above
iii. The Committee recommends that this and all the corresponding faculties at the other schools in Israel of a similar type include in the future self-evaluation reports required by the Council for the periodic reviews by the Council a specific listing of all new programs generated in each two year period since the priorreview and a specific listing of all challenges or problems that have been revealed in internal reviews with specific plans for addressing each in a time certain. (long term)	See above

Appendix

Learning Reform Project (LRP)

Faculty of Health Sciences, Ben-Gurion University of the Negev

Core committee: Yaakov Henkin MD (vice dean for education), Jacob Urkin MD (director, medical education unit), Howard Tandeter MD (director, faculty development program), Herzel Jean (Faculty administrative head), Assaf Rudich MD, PhD (basic sciences), Keren Levitin RN (nursing school), Nadav Zilcha (head of ASRAN student organization), Idan Roash (student representative).

Advisory board: Profs. Carmi Margalit MD, Nava Bashan PhD, Alan Jotkowitz MD, Klaris Rizenberg MD and Ms. Batya Guili.

Administrative coordinator: Ms. Miri Friedman

Vision: To create a learning environment that will shift the emphasis from a teacher-centered learning towards a more student-centered program, thus facilitating active student participation in the learning process.

Mission: To replace approximately 30% of frontal lecture sessions by alternative teaching/learning modalities which emphasize self-learning, case-discussions, simulations and similar learning modalities that emphasize active student participation.

Strategic direction and goals

These are the steps we feel should be taken (not necessarily in this order) in order to enhance new learning techniques in our faculty. It is emphasized that the process will be implemented in all the faculty schools, although some may need more investment than others.

1. **Defining objectives and competencies**

Although not a formal ingredient of changing learning styles, we feel it is about time our faculty defined competencies that will set the grounds for reforming to competency-based curricula in the future. Each school should establish a committee that will pursue the formulation of expected objectives and competencies for each of the levels below:

1. Graduates of the school
2. Each individual course
3. Each individual learning session

Responsibility: **Dr. Jacob Urkin**, **Prof. Carmi Margalit**

Time frame – 12 months

2. **Mapping of courses**

A major theme in our strategy is "don't fix what ain't broken". In other words, courses/lectures that are conducted well and have high evaluation rates by both students and faculty should be allowed to continue in their current style, allowing us to focus our efforts and resources on courses and lectures that are less successful. This requires a careful mapping of the curriculum, which can be done in several ways:

1. Retrospective evaluation of debriefing records

2. Prospective evaluation: debriefing sessions with specific questions on teaching style and quality, student attendance, external evaluation (Prof Sikuler).

Responsibility: **Nadav Zilcha, Idan Roash** (student representatives)

3. **Exploring different teaching styles** that will be offered to the faculty and be included in the training workshops. These will be assembled from the literature and expert counseling,

Responsibility: **Prof. Yaakov Henkin, Dr. Howard Tandeter**

4. **Creating a student curriculum committee** consisting of students (representatives from all schools) who are interested in medical education and are willing to invest time in providing feedback and new ideas for improving the curriculum.

Responsibility: **Nadav Zilcha, Idan Roash** (student representatives)

Time frame – 12 months

5. **Expert assistance**

We do not intend to re-invent the wheel. Many institutions around the world had undergone similar processes, and we need to learn from their experiences. This will include both visits to BGU by external experts as well as our faculty visiting such institutions abroad.

Responsibility: Prof. **Yaakov Henkin, Dr Jacob Urkin**

Time frame – 12 months

6. **Faculty development**

Every 4 months, after mapping the previous semester, we will offer a course on unique learning styles for those teachers that were selected during the "mapping phase" of the courses. Each participant will be required define competencies and learning goals for his/her course and to choose at least one session that will be re-structured and converted from a frontal lecture to an alternative interactive session.

Responsibility: **Dr Howard Tandeter**

Time frame – 24 months

7. **Resource allocation**

The whole plan will require allocation of resources, such as additional classrooms (for small group teaching), new teaching aids (electronic voting system, simulators etc) and a budget for bringing experts, visits abroad and workshops.

Responsibility: Mr. **Hetzel Jan, Prof. Amos Katz**

8. **Faculty promotion requirements**

In order to enhance faculty participation in the program, it will be necessary to insist that some type of participation in a medical education event (faculty development course, medical education conference, research activity etc.) will be a compulsory pre-requisite for promotion to the rank of lecturer and above.

Responsibility: **Profs. Amos Katz, Doron Zahger**

9. **Evaluation of the process**: Assessment of student and faculty satisfaction will be conducted by the faculty on a routine basis.

Responsibility: Ms. **Keren Levitin**

Prof. Amos Katz,

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