

**Answers of the Faculty of Medicine of the Hebrew University to the
report of the International Committee for the Evaluation of Medical
Study Programs**

November 12, 2014

Section 1 - Mission:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Refine the mission of the Medical School and communicate it to the entire community, including faculty and students. As the curriculum is being reevaluated and resource allocation decisions are being considered, have explicit discussions about the aspects of the mission that will be affected by The changes. (short term)</p>	<p>In order to reconcile between the committee's comment on the faculty mission and our goals we propose to revise the faculty mission as follows: <i>The mission of the Faculty of Medicine of the Hebrew University of Jerusalem is to train physicians who upon graduation will have acquired knowledge based on scientific principles, have developed the skills and professional behavior that will enable them to provide compassionate care for their patients, and to practice excellent clinical medicine. The Faculty encourages suitable candidates to take the opportunity to engage in and develop competence in basic and clinical research by joining the MD/PhD program.</i></p> <p>This refined mission statement that has guided the current reform in the teaching program is being discussed and voted upon by all teaching committees and heads of the teaching units before presented to the Faculty Council for approval during the current academic year.</p>
<p><u>2.</u> The University should empower those who have direct leadership responsibilities for medical education to make decisions about curricular changes and resource allocation to support them. (short term)</p>	<p>The empowerment of the Medical Education Unit to make reforms in the teaching models of the School of Medicine was one of the goals Dean Lichtstein expressed in his meeting with the committee. Since the visit in June, a new Director (Prof. Y. Donchin) was appointed to the Medical Education Unit and started upgrading and improving the Unit's role in all aspects of teacher development programs, modern teaching methodologies and other related topics. The Curriculum Committee is currently planning reforms in the medical education and presenting its initial recommendations to the Teaching</p>

	Committee. As explained further in this document, the new program addresses all the critical issues the committee identified. The implementation of the new curriculum is planned to commence in the academic year of 2015/16.
<u>3.</u> Identify and remove the barriers and disincentives to innovation in medical education that arise from policies of the University and its affiliates, e.g., appointment and promotions policies (see Section 4, Human Resources/Faculty). (short term)	The answer to this comment is two-fold: First, the Faculty is well aware of the barriers and disincentives to innovation in the medical education. The current plans to radically change the curriculum in the School of Medicine may face some opposition in the Faculty. However, the Dean is determined to begin this new teaching program in the academic year of 2015/16. Second, matters of appointments will be resolved at the University level. Moreover, the standard university guidelines to value excellent teaching as an important factor in the selection process of new faculty members and in the promotion procedure are already implemented. The new University Center for Teaching and Learning is also expected to address these matters soon and introduce a university-wide policy on these matters.

Section 2 - Organizational Structure:

Committee Recommendation	Steps toward implementation (including time table)
<u>1.</u> Forward the final report of the ad hoc Advisory Committee on Review of the Curriculum to CHE before December 31, 2014. (short term)	The Faculty of Medicine is obliged to submit its report and comments to the Rector before 18 November, 2014.
<u>2.</u> Negotiate with hospitals and sick funds for additional teaching facilities in order to accommodate the requirements of the study program. (short term)	Negotiations with additional Health Centers concerning their possible affiliation to the HU-Hadassah Medical School are planned. The main obstacle for such agreements is the binding Affiliation Agreement between the HU and Hadassah. Discussions are also being carried out with Jerusalem Branch of Clalit Sick Fund to expand their current teaching role.

<p><u>3.</u> Develop clear lines of authority and purpose for each curriculum subcommittee and one central committee overseeing the subcommittees. (short term)</p>	<p>We believe that the roles and functions of the various teaching committees in our School of Medicine are well defined. Three committees deal with curricula issues. The Teaching Committee, composed of all clinical and pre-clinical Teaching Division Heads, oversees all curriculum activities. The Ad-Hoc Curriculum Committee, that evaluates the entire teaching program, is expected to submit its recommendations in December 2014. These recommendations will be presented to the Teaching Committees. The Committee for Medical Education, which evaluates the teaching methods, also reports to the Teaching Committee.</p>
<p><u>4.</u> Ensure that the School of Medicine has an efficient process in place for the continuing development and structuring of the entire curriculum with effective and efficient interaction between preclinical and clinical components. For example, consider having one central committee that oversees a set of subcommittees, each of which has a clear line of authority and purpose. (intermediate term)</p>	<p>The mandate of the Curriculum Committee of the School of Medicine has been specifically directed to propose a new teaching program that has as its prime goal, the integration of preclinical and clinical topics. Its recommendations and plans will be evaluated by the Teaching Committee composed of all Teaching Division's Heads of the preclinical and clinical sections. The Teaching Committee will then submit the proposal to the Dean who will, after approval, present it to the Faculty Council.</p>
<p><u>5.</u> Ensure that recommendations for change in the curriculum are implemented promptly. (intermediate term)</p>	<p>Indeed, the implementation of the recommended changes is the major concern for any planned change. In order to assure this, it is crucial to start the new program while the current academic administration (Dean and Teaching Committees), that are obligated to the planned change, are in office. Hence, it is planned that the new teaching program will be approved at all levels no later than June 2015, the end of the current academic year, to be implemented in the following the academic year 2015/16.</p>
<p><u>6.</u> Reevaluate the system for election of dean, to eliminate the absolute requirement that deans rotate between clinicians and basic scientists. Such</p>	<p>The rotation between Clinical and Pre-clinical Deans has some advantages and disadvantages. However, this rotation is a</p>

<p>a change would give more flexibility and opportunity for selection of the best candidate regardless of his/her faculty category.</p>	<p>part of the long-standing practice accepted by the Hebrew University and the Hadassah Medical Organization. In view of the complicated and delicate relations between the two organizations, any change in this practice may jeopardize the entire partnership.</p>
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Section 3 – Study Programs:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Do not wait for another internal or external review before implementing some of the desired changes to the curriculum outlined in the self-evaluation report. Below are some of the changes that should be included and operationalized with a view to implementation in academic year 2015-2016, i.e., all are short term:</p>	
<p><u>1a.</u> Expand professionalism education across the curriculum, including the development of the Man and Medicine course in the clinical years and including an increased focus on social justice.</p>	<p>Professionalism and social accountability are currently under the medical education spotlight world-wide. Proposals will be made by the Centre for Medical Education to those responsible for determining content, delivery and assessment for courses in the revised curriculum being planned. These will include some elements in the early years. Man and Medicine, and Introduction to Public Health already deal with some aspects. There are concrete plans to extend the Man and Medicine program into the clinical study program.</p>
<p><u>1b.</u> Adopt sound pedagogic teaching techniques by all teachers and in all courses. This should include small-group problem solving, assessment that relies on integration of knowledge rather than memorization, and increased use of technology including multimedia and online learning.</p>	<p>There is at present no process for imposing sound pedagogic methods on all teachers and in all courses. In order to comply with this recommendation, the faculty must first adopt a pedagogical policy (strategy) based on Best Evidence Medical Education and establish a mechanism for ensuring adherence to it. The Centre for Medical Education, acting together with the other committees responsible for the MD program will draft a proposal for such a policy for the</p>

	<p>consideration of the Faculty and the University. This proposal will be completed in the near future. It should be remembered that the Centre, which will carry the main burden of drafting the proposal, is still severely under-resourced at present, lending urgency to the need for recruiting education professionals with the necessary knowledge and skills. The Center is preparing a plan for promoting <u>C</u>omputer <u>A</u>ssisted <u>L</u>earning, including a Study Day on CAL and an on-line workshop ‘How to create an on-line course’. The positive response to the latter has shown very clearly that Faculty members are ready for this approach.</p>
<p><u>1c.</u> Further integrate clinical medicine into the basic sciences and vice versa. Support and expand existing efforts by innovative HUJI basic science and clinical educators and spread them throughout the entire curriculum. Identify and overcome barriers to implementation including an end to the system of agreeing to necessary changes in subcommittees but failing to act on such changes as they pass up the hierarchy.</p>	<p>The Curriculum committee is currently framing proposals for a reform in which some integration of clinical medicine into the basic sciences will be incorporated. More difficult will be the extension of basic science teaching into the clinical experience. Judging from the literature and material presented at international Med Ed meetings as well as in professional discussion lists, this is no trivial matter. The issue has been discussed, but not yet to a sufficient extent. The intended schedule for implementing curricular reform is the 2015-2016 academic year. The reform will be introduced in the first year, so some time will be needed to complete it. In addition to overcoming the bureaucratic barriers to implementation, there is an urgent need to obtain a “buy in” from the Faculty’s teachers. See 1b above.</p>
<p><u>1d.</u> Further increase teaching in the ambulatory setting.</p>	<p>A way must be found for exploiting the ambulatory setting to solve the severe shortage of teaching beds available to our Faculty. The development of Longitudinal Integrated Clerkships has been implemented as a way of integrating Specialist Care into the community via Primary Care and Hospital Care. Despite</p>

	<p>mixed results in the highly populated centers, it is felt that with sufficient teamwork and goodwill, the advantages offered by this approach outweighs its disadvantages. This program should be closely examined and a proposal generated for adapting LICs to the Jerusalem experience.¹ Discussions were recently held with the Clalit HMO in Jerusalem. We were impressed by the willingness of primary care physicians to take an active part in physician training, but until some reward system is established (e.g. academic recognition or advancement) we will not be able to exploit this resource. Community physician-teachers should be given adequate time for teaching, which should also be acknowledged in their job-description. Arrangements have been made to accommodate these needs and the special promotion track for clinical educators.</p>
<p><u>1e.</u> Develop a robust program to teach patient safety and quality throughout the curriculum. Consider consultation with MSR, a national resource that has a major interest in fostering greater patient safety and quality of care.</p>	<p>The Centre for Medical Education is drafting a proposal for establishing a longitudinal program as suggested. This program is designed to complement the clinical rotations undertaken by the students. Certain elements already exist. A new 5-week eLearning course in Patient Safety, designed according to up-to-date standards for interactive eLearning, will be launched at the start of the 2014/15 academic year, for 5th year students. It is proposed to reinstate 1-day instruction regarding safety in the collection and handling of blood and other specimens for the laboratory and blood bank, administered to students before starting their Internal Medicine rotations. The timing and form of this activity will be re-examined and a proposal developed for its introduction at</p>

¹ At the recent AMEE Conference in Milan, a model for a busy, highly populated urban area was presented (Maastricht). This was in addition to more established programs in sparsely populated large areas in Canada and Australia.

	the other clinical teaching facilities (Shaare Zedek and Kaplan hospitals).
<u>1f.</u> Give the Faculty of Medicine significant authority over the content and delivery of all of the courses, including those given at Givat Ram.	This will be strongly expressed in the proposed curricular reform currently being planned.
<u>1g.</u> Have the faculty at Givat Ram travel to Ein Kerem to teach rather than requiring the entire student body to travel twice weekly to Givat Ram.	This is being addressed in the curricular reform.
<u>1h.</u> Give students' academic credit for electives at appropriate, accredited foreign medical schools.	Credits for electives in accredited foreign medical schools have already been approved for 6 th year rotations. The outcome of this exercise will be evaluated in three years, and if successful will be extended throughout the clinical studies in the school of medicine.
<u>2.</u> Rethink the basic science knowledge and skills needed for all graduating physicians. Critical thinking skills, including evaluation of scientific evidence, must be emphasized. In the course of this re-thinking, the special needs of the future physician-researcher should not be neglected. (intermediate term).	This is being addressed in the curricular reform. The recommendations of the Committee on this matter will be presented to the Teaching Committee for implementation. Nevertheless, note that undergraduate students aiming towards the MD/PhD program take advance courses required in the MD/PhD program already during their pre-clinical education.
<u>3.</u> Shorten, reconfigure, and even eliminate some preclinical courses so that the curriculum is more relevant for all medical students. (intermediate term).	This is being addressed in the curricular reform.
<u>4.</u> Reconsider the possibility of moving the teaching of basic sciences fully or partially to a systems approach. This method is being used increasingly with great success among leading schools in the Western world, and is educationally sound. (intermediate term).	This is being addressed in the curricular reform.
<u>5.</u> Consider separate tracks for basic science courses depending on the academic background of the student and on whether the student plans to enroll in a PhD program. (intermediate term)	This is being addressed in the curricular reform.

Section 4 - Human Resources/Faculty:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u></p> <ul style="list-style-type: none"> • Develop the Center for Medical Education (short term). • Recruit a director for the Center with expertise in medical education • Staff the Center to meet the needs of the new curriculum • Ensure that there is a program of faculty development activities for all faculty • Ensure that faculty whose performance merits remediation receive appropriate services 	<p>The first step towards this recommendation has been taken. Prof. Yoel Donchin has been appointed chair of the Centre.</p> <p>See response to recommendation 6.2.</p> <p>See response to recommendation 3.1b regarding aspects of Faculty Development that are already being undertaken.</p>
<p><u>2.</u> Revise the criteria for academic appointments, with greater emphasis on teaching innovation, clinical skills and leadership (short term)</p>	<p>The Dean has directed the Selection Committee of the preclinical sector to reemphasize teaching skills of candidates as an important criterion for joining the academic track. The appointments of clinicians to the academic track are already largely based on the excellence of the candidate in clinical teaching.</p>
<p><u>3.</u> In areas where teaching is currently done by persons who do not have expertise in the specific subject, find alternative teaching resource</p>	<p>Clinical faculty who do have expertise might offer a partial solution. Other avenues as yet unexplored in our School, and which will be <u>required</u> when modern pedagogic practice is introduced, include training a cadre of <u>facilitators</u> who would oversee TBL exercises, PBL or other kinds of active learning, accompanied by relevant content experts. These latter might be drawn from clinicians and non-clinicians alike, and even from outside the School. Development of eLearning along current best practice lines will also help alleviate this problem in areas where content experts are not available or willing to teach. All the above should be the responsibility of an adequately staffed Centre for Medical Education, thus again emphasizing the need for expanding and strengthening the Centre.</p>
<p><u>4.</u> In promotion of research faculty, teaching competence must be a factor. Poor teachers should not be promoted, regardless of scientific</p>	<p>We completely agree that teaching competence and performance should be an important factor in the promotion</p>

productivity. (intermediate term only because this first requires development and implementation of robust assessment of teaching competence)	process. The Dean has instructed the Assessment and Promotion Committees to adhere to this principle.
<u>5.</u> Develop ways to reward clinical teachers including those in the ambulatory and primary care sectors.	There are two reward systems: Foremost, is to offer worthy teachers an affiliation with the faculty that may endow professional ranks up to professorship. This has recently been offered to some physicians in the Clalit HMO, and a few procedures have already started. Second, other reward systems such as letters of appreciation from the Dean, faculty prizes to excellent teachers, etc. have already been employed for several years. Other means will be discussed with the General Managers of the Hadassah Medical Organization, of the affiliated hospitals and of the participating HMO's, who are the employers of the clinical teachers.

Section 5 – Students:

Committee Recommendation	Steps toward implementation (including time table)
<u>1.</u> Improve proactive communication between the University and the medical students, especially at times of change. The Dean should have regular meetings with the student body, not just the student representatives. (short term)	The Dean will meet each class of the Medical School at least once a year for open discussions. In addition, the Dean has scheduled 2 meetings per semester with the head of the Teachers-Students Committee to discuss and solve arising matters.
<u>2.</u> Organize a process to provide career advice for medical students. (short term)	Our undergraduates seek and get professional advice on an individual basis. The Dean has accepted this recommendation and directed the Head of the Students-Teachers Committee and the classes' tutors to formally propose career advice on an individual basis.
<u>3.</u> Make the students full voting members of the appropriate committees relating to education. (short term)	It is not clear how the committee reached this conclusion. Each class in the Medical School (regular and military tracks) elects their representatives which are full voting members in all teaching committees.
<u>4.</u> Using HUJI faculty for interviews in the	The participation of the Faculty in the

admissions process may not be an efficient use of faculty time and should be formally reconsidered. (short term)	interviews of the admission process has significant advantages and we do not believe that it should be halted. This practice establishes a strong connection of the faculty to the admission process. Moreover, the participating teachers devote, on the average, just one working day a year for this role.
<u>5.</u> Provide ample opportunities for students to take positions as physician assistants. Design those positions to be not just work but also educational opportunities. (intermediate term)	Some of our students function as physician assistants in the Sha'are-Tzedek hospital. The Dean will discuss and suggest to the General Manager of Hadassah Medical Organization a structured plan for employing medical students as physician assistants. The agreed guidelines will be practiced in all participating affiliated hospitals.
<u>6.</u> Consider increasing support for and access to positive lifestyle activities such as exercise facilities. (intermediate term)	The construction of sport and recreation center in the Ein-Kerem Campus is a long standing goal of the Faculty of Medicine. It is presented constantly to the Hebrew University and Hadassah authorities as a project with the highest priority. Efforts are being invested towards achieving this goal.

Section 6 – Teaching and Learning Outcomes:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Establish school-wide learning outcomes or competencies. (short term)</p> <p>This construct is now the accepted standard for medical education worldwide and should be a prerequisite for effective curricular change.</p> <p>Communicate these to all faculty and students.</p> <p>Utilize them as the basis for individual course and clerkship objectives and of assessments, with all learning activities and expected outcomes explicitly linked to specific learning objectives.</p>	<p>Although accepted now as the standard, there is significant variability in the manner in which leading schools of medicine and professional groups frame their competencies and outcomes. Much work on this has appeared in recent years, which should form the manner in which our School constructs the required competencies. Several models are under consideration and the Dean has decided to nominate a working group to review available practices and frame a proposal for adoption by the Faculty. This process will provide the basis for determining content of courses as well as assessment</p>

	<p>strategies. The working group will be required to develop a plan for communicating the list of competencies and outcomes to faculty and students alike, in a manner that will permit and encourage discussion and input for the continuing development of these competencies, in line with the best current practices. Newer concepts that are already under active discussion and development internationally, such as Entrustable Professional Activities, must be introduced into the discourse.</p>
<p><u>2.</u> Rebuild the staffing of the Medical Education Center; expand its capacities to support the significant curriculum development, faculty and other educator development, and promulgation of new teaching strategies that will be required in the course of curricular renewal.</p>	<p>This is similar to recommendation 4.1. During the reconstruction of the Centre, priority will be given to developing the functions indicated in the recommendation. It is clear that a major investment of resources will be required in achieving these aims. The Centre, together with the Steering Committee, is developing a detailed proposal regarding the functions and staffing and budgetary requirements, with the intention of persuading the University that a concerted fund-raising effort should be devoted to this cause.</p>
<p><u>3.</u> Develop a meaningfully integrated preclinical curriculum. (intermediate term) This will require the incorporation of more interactive learning strategies, particularly in the preclinical curriculum, along with integration of clinical content (course material) and context (student experiences with patients).</p>	<p>This is being addressed in the curricular reform.</p>
<p><u>4.</u> Provide students with opportunities for more active involvement in patient care activities. (intermediate term)</p>	<p>See Section 10.2</p>
<p><u>5.</u> Develop resources in clinical simulation to address current deficiencies in skills training and performance-based skills assessment that are present in both the preclinical and clinical curricula. (intermediate term). This will require either acquisition and deployment of a variety of technologies from small task-trainers to whole-body simulators, and facilities for interactions</p>	<p>The Faculty of Medicine has long been interested in constructing a state-of-the-art Medical Simulation Center that will provide students with hands-on clinical training that enables them to practice scenarios, procedures, rehearse team work, enhance communication skills and</p>

<p>with standardized patients; or collaboration with national resources such as the MSR clinical simulation center at Sheba Medical Center; or both.</p>	<p>develop abilities needed for medicine prior to the real-time doctor-patient encounters. This Center is planned to be created in collaboration with MSR in Tel-HaShomer. Until the financial resources for such a center are allocated, one alternative, but less practical solution is, in the meanwhile, to “buy” certain skills and training modules from MSR (by sending students to the Center in Sheba hospital) for use in practicing and improving communication and applied clinical skills.</p>
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Section 7 – Research:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Research at HUJI – Development of the Translational Research Institute and its integration with IMRIC should be given very high priority. (short term)</p>	<p>The Faculty of Medicine has been given the thumbs-up by the University to actively fund raise for the top priority of building a comprehensive Center of Translational Medicine on the Ein-Kerem Medical Campus. It is envisioned that it will provide state-of-the-art research facilities for studies of Cancer, Metabolic Diseases, Infectious Diseases and Neurodegenerative Diseases. Faculty members have already received from the Wohl Foundation a grant of 6.5 million dollars dedicated to the creation of a Translational Imaging Center, comprising of sophisticated, specialized imaging technologies for the evaluation of the physiology, the pathology and the metabolism in animal models. These technologies, including combined MRI/PET imaging; 3D optical tomography for fluorescence and bioluminescence integrated with ultra-fast anatomical micro-CT images; and high-frequency, high-resolution ultrasound imaging of living tissue and hemodynamic functions (Doppler) near-microscopic resolution; are essential for</p>

bridging the gaps between cellular, tissue, organ and whole body imaging. Additionally, the Faculty has also submitted an application to The Israeli Forum for National Infrastructure in Research and Development (TELEM) for purchasing a high field (11.7 T) MRI system for small animals (estimated costs 4.5 million Euro). The Center of Translational Medicine will serve all the bio-medical researchers on the Medical campus (IMRIC, IDR, Hadassah and more) and will facilitate the collaboration between basic, preclinical and clinical scientists.

In p.13, paragraph 4, the committee has criticized the academic standing of our young faculty. "The Faculty is stronger in the quality of its long-term, very distinguished members and traditional pursuits than in new fields of inquiry and the development of younger outstanding faculty".

We feel that this comment is incorrect. Despite the difficulties imposed by the limited resources for start-up money provided by the University, by the inferior and old infrastructure in the Faculty compared to other institutions, by the problems associated with living in the city of Jerusalem, etc., the Faculty of Medicine is proud that it is capable of recruiting only outstanding young scientists, who trained at the best universities in the world and publish in top-rated journals. In recent years young faculty members have won numerous prizes and competitive research grants. Indeed, the Faculty tops in the list of Medical Faculties in the European Union in terms of winning young investigator ERC grants.

Therefore, we ask the committee to remove or modify the disturbing sentence noted above.

<p><u>2.</u> Update the research infrastructure, e.g., the animal facility and mouse transgenic unit, as outlined in the self-evaluation report. (short term)</p>	<p>(1) There are concrete plans for transforming one of the animal housing units of the Animal Facility, also located on the Ein Kerem campus, (in the "International" building) into a cluster of rooms dedicated to physiological and behavioral experiments. (2) The Faculty has recruited Dr. Josef Buganim to supervise the mouse transgenic unit and provide transgenic animal services to faculty members. He trained as a postdoc in Whitehead Institute for Biomedical Research (Cambridge, USA), where he specialized in cutting edge techniques of genetic manipulation of mice. The Faculty has also earmarked a technician position to the Unit. (3) The Faculty, together with the University administration, has initiated several steps to obtain large funds for upgrading the main Animal Facility. Hadassah Hospital has made an informal commitment to allocate space for this project since Hadassah researchers are major users of the facility.</p>
<p><u>3.</u> Improve the MD/PhD program, and make it more competitive. Consider developing a syllabus for graduate-level science courses suitable for MD/PhD students. Consider offering an enhanced opportunity to a smaller number of MD/PhD candidates. This might include a longer period as a PhD student and a significantly enhanced financial stipend for that period.</p>	<p>The MD/PhD program is one of great importance for the Faculty of Medicine. This most excellent program provides full financial support for its students with continuous mentoring. All Faculty of Medicine graduate courses are open to the students in this program, yet there is a high priority for courses in specific areas including metabolism, immunology, microbiology cancer, neurobiology and other topics. An obstacle in the further development of this program is the lack of enthusiasm of some students to devote additional years of study before they become independent. In order to manage this issue we have established a new MD/PhD program for excellent students who already have BSc degrees in Medical sciences. These students will be</p>

	<p>admitted to the first year of the Medical School. As they have already studied most of the courses given in the present curricula of the first three years of the Medical School, they will have extra time to start their MSc/PhD work when they start their medical education. While the duration of the PhD studies will remain at five years, the period of the present leave from medical studies of two to three years will be more productive for these students. This change in the program was recently approved by the standing committee of the Hebrew University.</p>
<p><u>4.</u> Develop a system for separate tracking of the research support and productivity of the clinical faculty. (short term)</p>	<p>According to the current agreement between the Hebrew University and the Hadassah Medical Organization, the former is not responsible nor can oversee or evaluate research activities of the clinical staff. Yet, the two organizations aim at strengthening collaborations among their members and apply together to nation-wide and international research programs.</p>
<p><u>5.</u> Increase recruitment of research faculty for preclinical and clinical positions. (intermediate term)</p> <p>The financial priorities of the University and Hadassah would need adjustment for this to happen.</p>	<p>We totally, completely and whole heartedly endorse this recommendation. Furthermore, this was also the recommendation of the recent Strategic Evaluation Committee that was nominated by the University Academic Secretariat. This is and has always been the intention of the Faculty of Medicine. However, the number of new positions allocated to the Faculty is the sole prerogative of the central administration of the Hebrew University (Rector and President). The main obstacle for recruiting strong candidates is the seed money required for the establishment of their laboratories. The current financial situation of the Hebrew University limits the number of available positions.</p>
<p><u>6.</u> Develop support for clinical faculty to perform research, i.e., develop a program of protected research time for interested and qualified clinician researchers. (intermediate term)</p>	<p>These are important issues that are taken seriously by the Hadassah Medical Organization as well as by the other affiliated hospitals. Despite the current</p>

	<p>hardship they still allocate time and funds to maintain the current program of protected research time for interested and qualified clinicians. The Dean will further discuss this important issue and emphasize its advantages in his routine meetings with the General Manager of the Hadassah Medical Organization.</p>
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Section 8 – Infrastructure:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Consider ways to connect clinicians and other educators with the multimedia center so that more people can avail themselves of this rich resource for creating educational material. (short term)</p>	<p>The new Chair of the Centre for Medical Education is actively promoting this area. The upcoming workshop for designing on-line courses has generated exceptional interest among teachers, clinical and non-clinical, veteran and young. As the activity of constructing eLearning resources gains traction, there is no doubt that the Multimedia Centre will become a desirable resource</p>
<p><u>2.</u> See recommendation about the animal facilities in Section 7 – Research. (intermediate term)</p>	<p>See answer to item 2 in Section 7 above.</p>
<p><u>3.</u> It is possible that developing stronger interactive learning (e.g., team-based learning, small groups, etc.) in the medical school or developing an inter-professional learning program for multiple schools might affect the use of space at Ein-Kerem and elsewhere. As plans for changes in the study program(s) are being made, make sure to evaluate their interaction with use of available space. (long term)</p>	<p>Despite the recent provision of a suite of rooms suitable for small group learning, there are significant barriers for larger group interactive learning sessions (e.g. TBL). There is an enormous shortage of the number of available large and medium size lecture halls, as well as, classrooms. The Centre for Medical Education will undertake the formulation of a long-term plan for optimally utilizing the present available spaces in their current state, while making provisions for future modifications and planning of new learning spaces. This process will also include the examination of the options for utilizing and optimizing the resources within the teaching hospitals associated with the School.</p>

Section 9 - Self-evaluation:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Perform an internal group review of the December 2013 self-evaluation report submitted to CHE and the report of this Committee with an eye toward determining how to make self-evaluation an iterative internal process and how to make the next external reporting process more useful not only to CHE but also for internal planning. (short term)</p>	<p>As we described in great detail, the School of Medicine is planning significant changes in its teaching program. These changes are being evaluated and planned by the “Curriculum Committee”. The December 2013 Report as well as the CHE Committee Report are wholly considered as the guidelines for implementation. The CHE Committee Report serves as a basis for teaching and research planning in the Teaching Forum and Research Forum (composed of Heads of relevant Committees).</p>
<p><u>2.</u> Link internal self-evaluation to the strategic planning process. (intermediate term)</p>	<p>The major challenges the Faculty faces in the near future are to continue to expand and develop the new curriculum; to integrate pre-clinical and clinical teachers into all levels of the medical education; and to reduce the proportion of frontal lectures with increasing of lectures using alternative teaching methods. This new and updated plan will be discussed in the which? Committee. The Dean then will introduce it to the Faculty Council by the end of the first semester of the 2014/15 academic year. It is expected that the class starting in 2015/16 will be able to benefit from this reform, while other parts of what? will be implemented within the ongoing programs.</p>

Section 10 – Additional comments by the Committee:

Committee Recommendation	Steps toward implementation (including time table)
<p><u>1.</u> Increase not only ambulatory medical education (see Section 3, Study Programs), but particularly primary care education, beginning early in the course of medical education.</p>	<p>The exposure of the medical students to clinical practice and to the aspects of physician-patient interactions takes place already within the first year of their medical education. This experience in</p>

	<p>small groups takes place in the “Medical Humanity” program. In addition, the curricular reform aims at increasing such exposure by allocating groups of small numbers (one or two) of students to clinics and physicians within the primary care practices outside the teaching hospitals. The students will be engaged in tasks such as interviewing patients, family members and care takers; home visits, history taking; physical examination; and reporting patients’ disabilities; and additional activities that increase social commitment. This experience is expected to take place once every two weeks for two to four hours throughout the first two years of the Medical School.</p>
<p><u>2.</u> The budget should be transparent to administration and faculty and needs to be able to support the increased size of the student body and modern methods of teaching.</p>	<p>The budget of the Faculty is dictated by the University's central management. Obviously is a major concern in the discussions between the Dean, the University President and Rector. The need for an increased budget to support the reforms in teaching with the raising of the number of students while at the same time, renovating and maintaining the infrastructure, are fundamental issues that are deliberated regularly with the University management. The overall budget and its allocation are transparent to the administration and academic staff of the faculty.</p>