



Sackler School of Medicine

**Self-Evaluation Report
Presented to the Council for Higher Education**

**Response to Evaluation Report
November 2014**

Nov. 18, 2014

Prof. Stephen Schoenbaum, Chair
Committee for the Evaluation of Medical Schools in Israel
Council for Higher Education (CHE)

Dear Prof. Schoenbaum and members of the committee,

We would like to express our gratitude for the time and dedication you gave to evaluating the Sackler Faculty of Medicine, both on site and in your written evaluation. The points you made were inspiring and accurate in order to expand and build on our successful medical school programs. We hope that we can provide suitable answers, and most of all, future accomplishments, based on your comments and recommendations.

Sincerely,



Prof. Karen B. Avraham, Ph.D., Vice Dean for Preclinical Affairs



Prof. Ehud Grossman, M.D., Dean

Committee recommendation	Steps toward implementation	Timeline
Section 1 - Mission		
Convene the leaders of all courses and clerkships and refine the competency-based learning objectives and assessments for these competencies in every course and clerkship. This process can be augmented by providing more faculty development workshops on both teaching and assessment. (short term)	<p>Prof. Iris Barshack, MD, Vice Dean and head of the Sackler School of Medicine, will convene the Preclinical Teaching Committee and Clinical Teaching Committee. The Preclinical Teaching Committee, newly headed by Prof. Lina Basel, MD/PhD, will review all courses and the competency-based learning objectives and assessments will be defined. The Clinical Teaching Committee, newly headed by Dr. Ido Wolf, will review all courses and the competency-based learning objectives and assessments will be defined. Prof. Barshack will be responsible to ensure this information will be added to the syllabuses of all courses (submitted in Appendix of 2014 Evaluation Report).</p> <p>We routinely offer faculty development workshops on teaching. For example, on Nov. 24, 2015, 10 new faculty members will undertake a day-long training session in our Medical Education Unit.</p>	6 months-ongoing
Develop a continuous system to assess the outcomes of the competency-based curriculum. (intermediate term)	Scoring of assessments will be evaluated periodically, to determine if the competency-based curriculum is implemented accurately.	1-2 years
Section 2 – Organizational Structure		
Short term/immediate (~ within 1 year) It is necessary to increase the size and development of the teaching staff to meet the needs of the increased number of students across the three main M.D. degree programs and to enable the expansion of modern innovative, but often labor intensive, teaching and evaluation methods. Develop a plan for doing this.	We agree that more teaching faculty would be extremely beneficial for all our medical school programs. Each year we have a call for Preclinical tenure-track faculty in all subject areas. Three new faculty members began on October 1, 2014; one will begin in January 1, 2015 and a fifth on October 1, 2015. We are currently interviewing more candidates for October 1, 2015 positions. We realize the numbers of new faculty are not as high as our need,	1 year

	<p>but we are limited due to our budget.</p> <p>Clinical faculty members are absorbed as they achieve academic rank. We currently have 900 Clinical faculty and 600 tutors, on their way to becoming Clinical faculty as they publish and are evaluated accordingly.</p> <p>In addition, we are setting up a program for advanced medical students to tutor the first and second year students. This should help with the need to provide more teaching to the students.</p>	
Build on the existing program at the Unit of Medical Education that appears to be running impressive programs with limited resources	We have recently recruited one of our Clinical Faculty staff, Prof. Netanel Laor, to head the Department of Medical Education. Prof. Laor will implement more programs into the medical students' curriculum.	2 years
Seek funding to expand the faculty and to allow clinicians to have protected time to devote to either teaching or research. Multiple funding sources will probably be needed. These might include the CHE/VATAT, the Ministry of Health, the various sick funds and private donors. Though this is a general recommendation it also requires local advocacy. Work on this should start promptly and continue into the intermediate and long term.	We are working to increase our faculty all the time. Each year we have an international call for hiring Preclinical Faculty and continue to integrate Clinical Faculty from the affiliated hospitals. These efforts are combined with fundraising to provide start-up research packages available for new faculty. Providing protected time for clinicians is under the jurisdiction of the hospitals and therefore the University is dependent on their decisions.	Ongoing
a. Intermediate term (~within 2-3 year) The criteria for academic appointments should be broadened to give appropriate recognition for outstanding performance in clinical care and in teaching. Such recognition is currently the accepted practice in some of the very best academic institutions in Canada, the United Kingdom and United States. As a first step the University leadership should	We have opened a special track – “Assistant Professor with Excellence in Clinical Teaching.” The emphasis on these positions will be on teaching skills and not on the basis of basic or clinical research.	Ongoing

<p>investigate the criteria for academic appointments at leading academic institutions in the West and try to determine which might be suited to this university.</p> <p>Medical education, in which so much of the learning and scholarship take place outside the walls of the university, is different from other types of education in which TAU engages and therefore merits different considerations of scholarship.</p>		
Section 3 - Study Programs		
<p>1. Continue the process of integrating clinical and preclinical teaching. (short term)</p>	<p>We are continuing to integrate preclinical with clinical teaching. For example, in Anatomy, we have integrated digital imaging into the classrooms. Neurologists and surgeons have been recruited to provide some of the instruction. We are integrating clinicians in building syllabi for the Infectious Diseases and Microbiology courses in the Systems courses. We continue to recruit clinicians in different fields. In each Preclinical course we have a clinician advisor. In many cases, we begin each class with a medical case, so that there is integration of preclinical and clinical teaching.</p>	Ongoing
<p>2. Improve the coordination of teaching between hospitals so that there is a consistent approach for each of the clerkships. (see Teaching and Learning Outcomes, section 6) (short term)</p>	<p>Prof. Ami Fishman, Vice Dean, has built a detailed outline for the clerkships, currently implemented in Ob/Gyn. He is now modifying it to be suitable for all clerkships and will be responsible for distributing and ensuring that there is coordination between the hospitals so that there is a consistent approach for all clerkships.</p>	6 months
<p>3. Systematically review each program of the medical school to determine whether lessons learned from one MD program can be incorporated into the other programs. This should be</p>	<p>We are constantly reviewing the 4- and 6-Year programs and conducting a comparison between the two programs. We have Preclinical and Clinical committees whose task is to compare the two programs, and assess the</p>	1 year

<p>undertaken on a regular (e.g., annual) basis. In particular, undertake the review of the 4- and 6-year programs as indicated in the strategic review to determine whether any changes to the content and duration of the courses would be beneficial. In addition, review the American Program to determine the degree to which it might be diverting essential resources away from the programs for Israeli students. (short term)</p>	<p>outcomes of each. In particular, since the new 4-Year program has some elements that are much better than the 6-Year, we are evaluating what should be changed and renewed in the 6-Year program. A review of the American program is being assessed as well.</p>	
<p>4. Develop a strong review process for assessment of teaching quality across clinical sites. (intermediate term)</p>	<p>A strong review process is already in place. For each clinical department, there is an accompanying committee that evaluates all the clinical parameters on site.</p>	<p>Ongoing</p>
<p>5. Increase the number of community sites, particularly primary care sites, for student teaching in line with the changing needs of the community; and ensure that the quality of teaching in community sites meets a high standard of excellence. (intermediate term)</p>	<p>We are attempting to integrate Kupat Cholim – outpatient clinics – for teaching our medical students. We will work to identify those that will be evaluated to have a high quality. For example, the pediatrics rotation in the pediatric departments has included two weeks in outpatient clinics in the community. We are beginning to integrate gynecology rotations in outpatient clinics as well.</p>	<p>2-3 years</p>
<p>6. Continue to seek opportunities to use simulations of various types as tools to increase the effectiveness and efficiency of medical education. (intermediate term)</p>	<p>We are planning to expand our use of simulations. For example, we are currently integrating simulations in physical examinations and medical education. These include various parts of physical diagnosis, history taking and examinations.</p>	<p>2-3 years</p>
<p>Section 4 – Faculty/HR</p>		
<p>1. There is a need to increase the size and professional development of the teaching staff to serve the increased number of students across the three main M.D. degree programs and to enable the expansion in the use of modern innovative, but often labor</p>	<p>As described above, each year we have a call for Preclinical tenure-track faculty in all subject areas. Three new faculty members began on October 1, 2014; one will begin in January 1, 2015 and a fifth on October 1, 2015. We are currently interviewing more candidates for October 1, 2015 positions. We realize</p>	<p>Ongoing</p>

<p>intensive, teaching and evaluation methods.</p> <p>Develop a plan for this process. (short term)</p>	<p>the numbers of new faculty are not as high as our need, but we are limited due to our budget.</p> <p>Clinical faculty teachers are being integrated into Preclinical courses.</p> <p>In addition, we are setting up a program for advanced medical students to tutor the first and second year students. This should help with the need to provide more teaching to the students.</p> <p>We also plan to include more digital teaching, using computers. This will enable us to provide teaching with less staff.</p>	
<p>2. Build on the existing program of the Unit of that appears to be running impressive programs despite the currently limited resources.</p> <p>(short term)</p>	<p>As described above, we have recently recruited one of our Clinical Faculty staff, Prof. Netanel Laor, to head the Department of Medical Education. Prof. Laor will implement more programs that into the medical students' curriculum.</p>	2 years
<p>3. Seek funding to expand the faculty and to allow clinicians to have protected time to devote to teaching or research. The funding sources will probably need to be multiple. These might include CHE/VATAT, the Ministry of Health, the various sick funds and private donors. Though this is a general recommendation it also requires local advocacy. Work on this should start promptly and continue into the intermediate and long term.</p>	<p>As described above, we are working to increase our faculty. Each year we have an international call for hiring Preclinical Faculty and continue to integrate Clinical Faculty from the TAU-affiliated hospitals. These efforts are combined with fundraising to have start-up packages available for new faculty. Providing protected time for clinicians is under the jurisdiction of the hospitals.</p>	Ongoing
<p>4. The criteria for academic appointments should be broadened to give appropriate recognition for outstanding performance in clinical innovation and expertise and in teaching. Such recognition is currently the accepted practice in some of the very best academic institutions in Canada, the United Kingdom and the United States. As</p>	<p>As described above, we have opened a special track – “Assistant Professor with Excellence in Clinical Teaching.” The emphasis on these positions will be on teaching skills and not on the basis of basic or clinical research.”</p>	Ongoing

<p>a first step the University leadership should investigate the various models of criteria for academic appointments that exist in leading academic institutions in the West and determine which might be most suited to this university. Medical education, in which so much of the learning and scholarship take place outside the walls of the university, is different from other types of education in which TAU engages and merits different considerations of scholarship but a uniform standard of excellence. (intermediate term)</p>		
Section 5 – Students		
<p>1. Increase clinical exposure in the preclinical years. (short term)</p>	<p>We have begun to organize subgroups of students in the preclinical years that will visit the hospitals approximately six times a year. These visits will occur either in years 1 or 2, depending on the medical school program.</p>	<p>Ongoing-2 years</p>
<p>2. Increase faculty support for American students to find rotations and potential residency positions. (short term)</p>	<p>The NY office has hired an alumnus in the American office to help students to find rotations and potential residency positions.</p>	<p>Ongoing</p>
<p>3. Address the issue of providing support to students struggling with logistical or personal problems. Consider appointing a tutor or point of contact for each year of the MD curricula who can triage and help handle individual student problems. (short term)</p>	<p>We agree that while we have many faculty and administrative staff in our programs, it is not always clear to the students who can answer which question. In the beginning of this school year, each Preclinical Year had a person assigned to help with all matters, on both a personal or logistical matter. This person was presented to the class on the first day of orientation. Their contact information was provided to all the students. This person will be responsible for meeting the student who contacts him/her, and then refer the student to a source that can provide a solution and/or help with the matter. We are expanding this mentor for all our classes, for both the Preclinical and Clinical Years.</p>	<p>Ongoing</p>

4. Make more effort to standardize the quality of the clinical rotations across the sites (see Teaching and Learning Outcomes, section 6).	We are implementing a computerized program that will be standardized for all clinical departments. This standard format for all clinical rotations should increase the quality of the clinical rotations evenly through all the affiliated hospitals.	2-3 years
5. Institute a tracking system and periodic surveys for students and alumni in order to evaluate clinical career choices and involvement and success in science. (Long term)	We would very much like to implement such a tracking system with surveys for students and alumni. We are making efforts to find the resources to do so. We have approximately 4000 alumni and this is a very important group to learn how our alumni have advanced in both their careers and research. We have an alumni organization and last summer coordinated a 50-year anniversary celebration for the medical school. We plan to initiate a newsletter describing highlights in our Faculty and news from our alumni.	3 years
Section 6 – Teaching and Learning Outcomes		
1. An evaluation plan and collection of data for comparing the 4-year and 6-year Israeli programs needs to be developed as soon as possible. Implementation may extend into the intermediate term, but given the importance of the results for curriculum planning and strategic planning, this should be a high priority.	The first class of the 4-year program graduated last spring. We now have the first opportunity to examine the competence of the physicians who have graduated from the 4-year program, and compare them to those of the 6-year program. We will establish a committee that will check competence and function of the graduated physicians, with data collected from their residencies.	6 months-1 year
2. Develop the learning objectives more fully. Ensure that they map to the general competency framework. Be sure that they are then reflected in all courses and clerkships and are perceived to be a meaningful and effective resource for students and faculty to guide both teaching and assessment. Again, implementation and monitoring may extend into the intermediate term, but the basic	As described above, Prof. Iris Barshack, MD, Vice Dean and head of the Sackler School of Medicine, will convene the Preclinical Teaching Committee and Clinical Teaching Committee. The Preclinical Teaching Committee, newly headed by Prof. Lina Basel, MD/PhD, will review all courses and the competency-based learning objectives and assessments will be defined. The Clinical Teaching Committee, newly headed by Dr. Ido Wolf, will review all	6 months-ongoing

underlying work should be done promptly.	courses and the competency-based learning objectives and assessments will be defined. Prof. Barshack will be responsible to ensure this information will be added to the syllabuses of all courses (submitted in Appendix of 2014 Evaluation Report).	
3. TAU has access to resources for clinical simulation, indeed to physical facilities and educational and technical expertise that are among the most highly developed in the world. To date, however, these resources are utilized only sporadically in the school's MD degree programs. The Committee recommends the development of a comprehensive clinical skills assessment program to take full advantage of these resources in addressing the TAU competencies and learning objectives, especially regarding patient safety principles such as teamwork communication. (intermediate term)	We are working to expand the use of the clinical simulation center, in particular for safety issues.	Ongoing
Section 7 – Research 1. A review of research interests and publications of the preclinical faculty should be conducted for better integration of the preclinical faculty into the clinical years. (short term)	The Sackler Research Brochure was added as an Appendix to the originally submitted Evaluation Report. This pdf file, readily available on the Sackler Faculty of Medicine web site, is distributed to both the Preclinical and Clinical Faculty at TAU and updated regularly. This brochure summarizes each Preclinical faculty member's research and provides a list of their publications from the last three years. We are embarking on creating 'research hubs' in areas such as cancer, inflammation and genetics. Each hub will be composed of Preclinical and Clinical researchers. These forums will provide an opportunity for these groups to hold scientific meetings, enhance	Ongoing-1 year

	collaborations and work towards fundraising for research.	
2. The admission process to the medical school might include an assessment of suitability of the candidate for the MD/PhD program, and appropriate feedback and encouragement should be given to selected candidates. (short term)	We will advertise the MD/PhD program to the applicants. We prefer not to assess the students at this early stage for the MD/PhD students at such an early stage, since we have not the opportunity to evaluate the performance of the students in our program. We are already encouraging our top students, identified after the first 2 years in medical school, to consider performing an MD/PhD.	Ongoing
3. Perform a comprehensive review of the integration of critical reading of research reports into all aspects of the curriculum and consider enhancing such experiences and eliminating a dedicated course in methods. (long term)	We plan to integrate the reading of research papers with clinical applications into each Preclinical course. This practice has already been implemented in Microbiology, Medical Genetics and Cell Biology in the 4-Year program. In the Systems courses of the Preclinical program, manuscripts encompassing epidemiology and statistics are read in the classes. In the Evidence-based Medicine course, manuscripts are read critically.	Ongoing-3 years
4. Students are likely to respond positively to integration of learning about evidence as it applies to diseases and clinical trials in relation to their clinical exposures. For example, students can be challenged to provide their own alternative research designs to current literature, and to challenge what they read and what they are taught. Competency in research evaluation might be incorporated into the major competencies of every student. (long term)	We are planning to include in our clinical training critical reading of literature relating to the clinical exposure. We will evaluate the ability of the students to provide their own ideas about planning research relating to solving clinical problems	1 year
5. In addition, by developing and implementing a plan for enhancing just-in time critical acquisition of evidence, students will become more adept at lifelong learning skills. (long term)	We will include online evidence acquisition in the clinical courses to solve help dilemmas relating to patients' problems.	1 year

Section 8 – Infrastructure	<p>1. Ensure that there are regular reviews of infrastructure so that it can continue to meet programmatic needs. For example, should it be desirable to increase the size of the 4-year program, a larger lecture facility will be needed or there will have to be a change in the methods of instruction. (long term)</p> <p>The administration of the Sackler Faculty of Medicine is constantly reevaluating the infrastructure of the existing building. Renovations are made regularly, subject to funding availability.</p> <p>We do not anticipate enlarging the 4-Year Program.</p>	
Section 9 – Self-evaluation Process		
1. Continue implementing incomplete items from the 2012 strategic plan and “to do” list from this review. (short term)	We plan to continuously reevaluate our program, towards increasing its excellence to produce physicians of the highest possible quality.	Ongoing
2. Enter a new formal strategic planning cycle. (long term)	The Faculty of Medicine has regular meetings to discuss strategic planning.	3 years
Section 10 – Additional Comments and Recommendations		
1. Follow the existing strategic plan and revisit it frequently. This is especially important as a new person takes on the deanship.	The new Dean, Prof. Ehud Grossman, and the Vice Deans, meet every two weeks to evaluate progress and development of all the medical school programs. Reports from both the Preclinical and Clinical Teaching Committees are provided on a regular basis.	Ongoing
2. Formally assess competition for currently used resources and opportunities for additional resources such as increased teaching in primary care and ambulatory care settings. Include an assessment of the benefits and opportunity costs of the American program.	An evaluation of our current resources is made periodically, with adjustments when considered relevant.	Ongoing
3. Continue to support and build faculty development programs (see Section 4, HR/Faculty).	We are dedicated to continue to support faculty development programs, by increasing the number of faculty, providing ample opportunity for training courses in teaching, and development of the “Assistant Professor with Excellence in Clinical Teaching track.”	Ongoing

4. Seek additional opportunities for development of national resources that can be shared across medical schools.	There is a Dean's Forum that works towards developing national resources for Israeli medical schools. Exams are standardized in the five major subjects.	Ongoing
5. Develop student employment opportunities such as the physician assistant program into better integrated learning experiences, and if possible support the students adequately so that the jobs are attractive.	We are encouraging students to work as physician's assistants in the main clinical departments (Internal medicine, surgery, pediatrics and gynecology). The students receive a salary for their work, as well as clinical experience.	Ongoing
6. Formally consider developing an interprofessional education program	We are working towards developing an educational program that will include biomedical engineering, computer science and behavioral sciences.	1-3 years