

# Standards of Medical Education in Israel

## **STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY**

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance process. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

### 1.1 Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

### 1.2 Bylaws

The manner in which the medical school is organized, including the responsibilities and privileges of administrative officers, faculty, students, and committees is promulgated in the medical school or university bylaws.

### 1.3 Conflict of Interest

A medical school has policies which deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

### 1.4 Affiliation Agreements/Memoranda of Understanding (MOUs) with clinical affiliates

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements/MOUs that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- a) The assurance of medical student and faculty access to appropriate resources for medical student education
- b) The primacy of the medical education program's authority over academic affairs and the education/assessment of medical students
- c) The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- d) Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- e) The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

**STANDARD 2: LEADERSHIP AND ADMINISTRATION**

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

**2.1 Dean's Qualifications**

The dean of a medical school is qualified by education and experience to provide leadership in medical education.

**2.2 Dean's Authority/Resources**

The dean of a medical school has sufficient available resources and authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

**2.3 Academic Officer and Faculty Appointments**

Academic officers and members of a medical school faculty are appointed by, or on the authority of, the governing board of the medical school or its parent university.

**2.4 Access and Authority of the Dean**

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program and to other institutional officials as is necessary to fulfill the responsibilities of the dean's office.

**2.5 Sufficiency of Administrative Staff**

The dean has the assistance of such associate or assistant deans and administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

**2.6 Committees**

A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum, library and research, etc. The names, membership, and functions of such committees are not prescribed by these standards, but rather are subject to local determination and needs.

**2.7 Functional Integration of the Faculty**

The faculty in each discipline, in all sites, are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance and data sharing).

### **STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS**

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

#### **3.1 Community of Scholars**

A medical school is a component of a university that has graduate and other professional degree programs. The program of medical education leading to the M.D. degree is conducted in an environment that fosters the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a university. A medical school ensures that students have the opportunity to participate in research and other scholarly activities of the faculty.

#### **3.2 Resident Participation in Medical Student Education**

The required clerkships are conducted in a teaching hospital or ambulatory care facility where residents in accredited programs of medical education, under faculty guidance, may participate in teaching the students. Residents are informed about the educational objectives of the clerkships and be prepared for their roles as teachers of medical students.

#### **3.3 Anti-Discrimination Policy**

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

#### **3.4 Professionalism**

A medical school or its parent university defines the standards of conduct in the professional behavior between students and faculty, and among faculty themselves.

#### **3.5 Student Mistreatment**

A medical school develops and widely promulgates written procedures that allow medical students to report violations of these standards-- such as incidents of harassment or abuse--without fear of retaliation. The procedures specify mechanisms for the prompt handling of such complaints, and for the educational methods aimed at preventing student mistreatment.

**STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES**

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

**4.1 Sufficiency of Faculty**

The faculty of a medical school provides effective teaching and is of sufficient size to provide the scope of the educational program offered.

**4.2 Faculty Appointment and Scholarly Productivity**

Persons appointed to a faculty position will have demonstrated achievements within their disciplines commensurate with their faculty rank. The recruitment and development of a medical school's faculty takes into account its mission, the diversity of its student body, and the populations that it serves. It is expected that faculty members will have a commitment to continuing scholarly productivity, thereby contributing to the educational environment of the medical school.

**4.3 Faculty Appointment Policies**

A medical school has clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty. The appointment process involves the faculty, the appropriate departmental heads, and the dean. Faculty members receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits, and policy on practice earnings.

**4.4 Faculty Feedback/Professional Development**

Faculty members receive feedback on teaching. Opportunities for professional development are provided to enhance faculty members skills and leadership abilities in teaching and research.

## **STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE**

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

### **5.1 Student Amenities**

A medical school provides students with amenities that increase efficiency, such as study space, lounge areas and food service, if not available in the immediate vicinity of the school.

### **5.2 Security and Student Safety**

A medical school has an appropriate security system for its personnel and all properties.

### **5.3 Sufficiency of Buildings**

The medical school has physical facilities that are qualitatively adequate for the size and scope of the educational program, as well as of the student body.

### **5.4 Library Resources**

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

### **5.5 Resources for Clinical Instruction**

A medical school has, or is assured the use of, appropriate resources- *including simulations equipment and facilities*- for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

### **5.6 Security, Student Safety, and Disaster Preparedness**

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

## **STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN**

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

### **6.1 Learning Objectives**

A medical school defines its objectives and make them known to all medical students and faculty. The curriculum provides a broad-base education in the science basic to medicine, a variety of clinical subjects, and various ethical, cultural, behavioral and socioeconomic subjects pertinent to medicine.

### **6.2 Clinical Training**

The requirements for the successful completion of the program of medical education include a particular focus on clerkships and other forms of clinical training- *including extensive medical simulations*- where students obtain hands-on experience. A system for monitoring the achievement of clinical education goals must be developed, based on these criteria, and students must be evaluated in this framework.

### **6.3 Education Program Duration**

The program of education in the art and science of medicine leading to the M.D. degree is of six years duration plus one year of rotating internship. Institutions may have a four-year study program in Medicine for the MD degree, designated for students that hold a Bachelor's degree.

### **6.4 Self-Directed and Lifelong Learning**

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

### **6.5 Inpatient/Outpatient Experiences**

Instruction and experience in patient care is provided in both ambulatory and hospital settings.

### **6.6 Elective Opportunities**

The curriculum should include elective courses designed to supplement the required courses and to provide opportunities for students to pursue individual academic interests.

**STANDARD 7: CURRICULAR CONTENT**

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

**7.1 Scientific Method and Research**

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

**7.2 Ethics, Human Values, Behavioral, and Socioeconomic Subjects Pertinent to Medicine**

The faculty of a medical school ensure that it includes content and clinical experiences related to the ethical, human values behavioral, and socioeconomic subjects pertinent to medicine.

**7.3 Sciences Basic to Medicine**

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

**7.4 Primary Care**

All schools must offer a core curriculum in primary care, utilizing the disciplines or multidisciplinary approaches involved in the delivery of such care.

**7.5 Clinical Disciplines**

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- a) Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention
- b) Recognize and interpret symptoms and signs of disease
- c) Develop working hypotheses and treatment plans
- d) Recognize the potential health-related impact on patients of behavioral and socioeconomic factors
- e) Assist patients in addressing health-related issues involving all organ systems

**7.6 Diagnostic Imaging, Clinical Pathology, and Multi-Disciplinary Care**

The curriculum provides grounding in the body of knowledge represented in the disciplines that support the fundamental clinical subjects, for example, diagnostic imaging and clinical pathology. Students must have opportunities to gain knowledge in those content areas that incorporate several disciplines in providing medical care, for example, emergency medicine and the care of the elderly and disabled

**7.7 Societal Problems**

The school must specify how students are prepared for their role in addressing the medical consequences of common societal problems, for example, providing instruction in the diagnosis, prevention, appropriate reporting and treatment of violence and abuse. Students are instructed in the social determinants of health.

**7.8 Communication Skills**

The faculty of a medical school ensures that the curriculum includes specific instruction and assessment of communication skills as they relate to physician responsibilities, including communication with patients, families, colleagues and other health professionals.

**7.9      Inter-professional Collaborative Skills**

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

**7.10     Cultural Competence and Health Care Disparities**

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.

<b>STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT</b>	
The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that the medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.	
<b>8.1</b>	Design and Management
	The program's faculty is responsible for the design, implementation, and evaluation of a coherent and integrated curriculum.
<b>8.2</b>	Program Evaluation
	A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment after program completion, and entrance into residency.
<b>8.3</b>	Monitoring Student Time
	The committee responsible for curriculum gives careful attention to the impact on students of the amount of work required.
<b>8.4</b>	Curricular Review, Revision, and Content Monitoring
	The objectives, content, and methods of pedagogy utilized for each segment of the curriculum, as well as for the entire curriculum, is subjected to periodic evaluation. Redundancies and deficiencies in the curriculum identified by the evaluations are corrected.
<b>8.5</b>	Comparability
	A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

**STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY**

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

**9.1 Assessment System**

The faculty of a medical school ensures that the assessment of student achievement employs a variety of measures of knowledge, competence and performance, systematically and sequentially applied throughout medical school.

**9.2 Establishment of Standards of Achievement**

The central curriculum management committee establishes the standards of achievement.

**9.3 Narrative Assessment**

A medical school ensures that a narrative description of student performance and of non-cognitive achievements are recorded to supplement grade reports in all required clinical clerkships and in all courses where student-faculty interaction permits this form of assessment.

**9.4 Monitoring Examination Frequency**

The faculty committee monitors the frequency of examinations and their scheduling, particularly when the students are enrolled in several subjects simultaneously.

**9.5 Direct Observation of Clinical Skills**

A medical school ensures that there is a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

**9.6 Student Advancement and Appeal Process**

The medical school publicizes to all faculty members and students its standards and procedures for the evaluation, advancement, and graduation of its students and for disciplinary action. A medical school ensures that there is a fair process for the faculty or administration to follow when taking any action that adversely affects the status of a student. The process includes timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.

**9.7 Timely Assessment**

The dean (or vice dean of teaching) and the directors of all courses and clerkships design and implement a system of evaluation of the work of each student during progression through each course or clerkship. Each student is assessed early enough during a unit of study to allow time for remediation. All course directors or departmental heads, or their designates, serve as expert consultants to the chief academic officer for facilitation of performance of both students and faculty. Final grades are available within six weeks of the end of a course or clerkship.

**STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS**

A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.

**10.1 Admissions**

The faculty of each school develop criteria and procedures for the selection of students, which is published and available to potential applicants. Medical schools strive to select students who possess the intelligence, integrity, and personal and emotional characteristics that are perceived necessary for them to become effective physicians.

**10.2 Technical Standards**

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

**10.3 Final Authority of the Admission Committee**

The final responsibility for accepting students to a medical school rests with a formally instituted admission committee. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility belongs to the medical faculty. The selection of individual medical students for admission is not influenced by any political or financial factors. All criteria utilized in the selection process are available to the public. Advanced standing may be granted to students for work done prior to admission.

**10.4 Transfer Students**

Differences in curricula across schools require that decisions about the transfer of students between schools be based on an assurance that the courses previously taken are compatible with the program to be entered. Accepted transfer students have demonstrated achievements in premedical education and medical school that are comparable to those of students in the class they join. A medical school has sufficient institutional resources to accommodate the transfer of students. Transfer students may be accepted into the middle years of the curriculum, but are not accepted into the final year of the program except under rare circumstances.

**10.5 Visiting Students**

Students visiting from other schools for clinical clerkships and electives possess qualifications equivalent to the students they will join in these experiences. A medical school has sufficient institutional resources to accommodate such students without significantly diminishing the resources available to students already enrolled. Visiting students are registered by the school for the period in which they are visiting, so as to ensure that they satisfy the school's requirements for health records, immunizations, health insurance, and liability protection.

**STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, EDUCATIONAL RECORDS, FINANCIAL AID, AND ACCESS TO PERSONAL COUNSELING**

A medical school provides effective academic support, student services, financial aid counseling, and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

**11.1 Student Access to Educational Records**

A medical school has policies and procedures in place that permit a medical student to review and challenge his or her educational records. Student records are confidential and made available only to members of the faculty and administration with a need to know, unless released by the student, or as otherwise governed by laws concerning confidentiality.

**11.2 Advising the Choice of Electives**

Students are permitted to take electives at other institutions, and there is a system centralized in the dean's office to screen the students' proposed extramural programs prior to approval and to ensure the return of a performance appraisal by the host program.

**11.3 Career Advising**

A medical school makes career advice available to its medical students to help them apply for appropriate residency programs.

**11.4 Financial Aid**

A medical school reports its policies with regard to counseling about financial aid. To the extent possible, a school provides financial aid to students.

**11.5 Personal Counseling**

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education. Confidential counseling by mental health professionals is made available to students.

**11.6 Student Exposure Policies/Procedures**

A medical school develops policies dealing with students' exposure to infectious and environmental hazards. The policies include education of students about methods of prevention and the effects of infectious and/or environmental disease or disability on student education activities.

**11.7 Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records**

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.