Council for Higher Education in Israel

The Role of Students in the Quality Assessment and Compliance with Standards of Medical Education Programs

2023

The QA Review Process

A Quick Overview of the QA Review Process

The Council for Higher Education (CHE) Quality Assurance (QA) Review process is conducted every eight years. The review of a medical education program is based on 11 Standards and their associated 58 Elements. The major steps in the QA Review process for medical education programs with QA Survey Visits are as follows:

1. An Institutional Self-Assessment - which is a data-based self-analysis by the medical school of its performance in all Elements of its Standards – is conducted by the school. The ISA includes data from a Survey of Students in all classes that is conducted and analyzed by students.
2. A Survey Visit, which is an evaluation of all Elements by a Survey Team composed of international and Israeli peer experts results in a report of the Survey Team's findings for each Element.
3. The CHE's determination of the program's performance in QA Elements, its Compliance with the 11 Standards of Medical Education, and any necessary follow-up to address identified problem areas.
4. Production of General Recommendations to the school to improve its medical education.

What a Medical Education Program Prepares as the Basis for the QA Review

The medical education program compiles and submits to the CHE QA Division a "survey package" that is reviewed by the Survey Team. The survey package consists of the following documents, many of which include data and information from students:

- The **Institutional Self-Assessment** and supporting data (DCI) referred to collectively as ISA that contains quantitative and descriptive responses to questions for each Standard and Element.
- The **Independent Student Analysis** contains the results and analysis of a student-developed survey that contains CHE-required survey items where students in all class years identify strengths and areas for improvement at their institution

The Institutional Self-Assessment Process

About a year before the survey visit, the CHE QA Division contacts the medical school to establish the specific survey visit dates. Once the survey visit date has been scheduled, the medical school dean notifies the student body and provides information about the QA process and timeline. The dean appoints a Faculty Lead (FL) to oversee the medical school's self-study process and its preparation for the Survey Team visit. The FL is assisted by the Institutional Quality Assessment Coordinator (IQAC). The dean, FL, IQAC, (or any combination) meet with student leaders to discuss the role of students in the self-study process and to mobilize the student body to start the Student Survey.

The medical school dean and FL/IQAC, in collaboration with student leadership, should identify students to include on the self-study task force. Based upon its analysis, the Task Force develops a comprehensive, Self-Study Report that identifies the most notable strengths and accomplishments of the program, the challenges that it faces related to performance in Elements, and the strategies that have been or will be used to address the challenges.

The Student Analysis Process

The student representative in the school's Self-Assessment Task Force (SATF), in consultation with other

SATF members, drafts/updates a Student Survey questionnaire, distributes it, and encourage students from all years to complete the questionnaire.

The results are processed by the Survey Team Secretary working together with SATF Student Representative. Together they produce a Student Survey Report. The Student Representative ensures maximum participation of students in the Student Survey and ensures an in-depth analysis and interpretation of the responses.

At the same time as the medical education program begins completing the ISA, the Student Representative should start to review the items that the CHE requires to be included in the Student Survey and identify any topics to be added.

The Student Representative will need to ensure that the Survey is sent to students in all classes to develop a comprehensive picture of students' perceptions of their medical school.

The FL/IQAC should provide the same type of administrative support for the Student Survey process that is supplied to the Self-Assessment Task Force. Although medical school officials can provide logistical support and technical advice to help the student representative conduct the survey and analyses, medical school officials must not participate in student survey development, survey data analysis, or student survey report preparation.

The student representative should complete survey development, data collection, and analysis in time for the results to be included in the medical school's ISA.

The Survey Team Visit

The CHE appoints a Survey Team composed of experienced international and local medical school administrators, faculty, and members of the medical practice community. Most Survey Teams consist of 5-6 members: a Survey Team chair, a Survey Team secretary, and three or four Survey Team members. Survey team members come from a variety of medical practice and education positions.

During the Survey Team visit, the team meets with groups within the academic community, including academic and administrative leaders, department chairs, course and clerkship directors, faculty, residents, and students. During the visit, Survey Team members will inspect educational and student facilities on the main campus and may tour major teaching hospitals, with students serving as guides for these tours. This provides an opportunity for informal discussions about the program. During all of these discussions, the Survey Team gathers additional information, clarifies, and updates the information it has already received, and makes assessments of how well the medical education program complies with the requirements of each of the Standards and Elements.

Student Participation in the QA and Compliance Process
Getting Started: The Medical School Dean's Notification to Students

The medical school dean and/or FL/IQAC informs the student body and meets with student leadership soon after the CHE sets the date of the school's full survey visit. A Student Representative is appointed to sever on the Self-Assessment Task Force (SATF). It will be helpful if the parties meet at the very beginning of the process to discuss how they can best organize their efforts related maximize student participation in the questionnaire.

Instructional Documents

The Student Representative will find the following documents to be useful. They are available on the CHE website.

- The *Standards of Medical Education in Israel* and associated *Elements* that will be used to review a program in that academic year.
- *The Institutional Self-Assessment* **(ISA)** contain the narrative, data, and information that the school must provide for each Element.
- **The** *Checklist of Requirements for Completing the Independent Student Analysis* should be consulted as a quick summary of the requirements for preparing the Student Analysis.

The Student Analysis Timing, Support, Materials

The CHE considers the independent review conducted by students to be a critical part of the QA process. The Student Representative should begin work on the Student Survey around the time that the medical school initiates the overall ISA process and should complete it by about four months before the survey visit date so that the Self-Assessment Task Force can use the student survey data and narrative in developing its list of institutional strengths and challenges. The medical school dean's support staff and/or Institutional Quality Assessment Coordinator (IQAC) should offer any reasonable logistical and/or technical advice to help students, particularly with the conducting of, and analysis of data from, the survey described below. The administration also can provide incentives to support a good response rate to the survey.

The Student Survey is one of the major sources of student-based information that the Survey Team will use when it evaluates the medical education program. It is based on a comprehensive survey of students from all years of the curriculum. It is important for the credibility of the data to have a response rate to the survey of at least 60% in total and for each class year.

Appendix A – Data Collection and Reporting Logistics. This outlines some logistical considerations related to the collection and reporting of data for the student survey.

Appendix B - Required Student Opinion Survey Items - contains the CHE-required survey items. These items relate directly to data that the medical school must provide in the ISA and, therefore, must be included as written.

The survey should include quantitative satisfaction data for each item, adding items as needed to reflect specific characteristics of the school's medical education program. The Student Representative should analyze the survey response data and develop a narrative summary and set of findings and conclusions.

The Student Survey methods section should summarize the process used to develop and distribute the survey, and the dates the survey was administered. Include the response rate to the survey **for each class year and the overall response rate.**

Appendix C contains the template for reporting survey results.

Survey Administration

With the support of the SATF, the students responsible for the Student Survey should inform the student body about the importance of completing the survey and the seriousness with which the Survey Team and the CHE regard the student survey results. You may use incentives to enhance participation and, in developing the narrative analysis, may supplement the survey results with other data, such as focus group results, input from student organizations, or similar kinds of information.

Members of the medical school administration must not influence the Student Survey findings or edit the Student Survey Report. The final version of the Student Survey must be made available to the Self-Assessment Task Force finalizing the ISA.

Student Participation During the CHE Survey Visit
The Survey Visit agenda will usually include two student meetings, one with pre-clerkship phase students and the other with clerkship phase students.

The sessions with students allow for informal and open discussions about the medical school. One purpose of these meetings, from the Survey Team's point of view, is to identify and reconcile, if possible, any differences in student opinion between the student survey and the Institutional Self-Assessment.

It is expected that a representative group of students, not just student leaders, is included in these sessions. Students who meet with the Survey Team should feel comfortable in speaking openly about both the strong and weak areas of the medical education program. The Survey Report never quotes student comments directly nor are student comments attributed to any individual in discussions with school faculty or leadership. The Survey Team will not make any determinations based solely on what an individual student (or faculty member or dean) says.

During Survey Visits, a few medical students guide the Survey Team on tours of classrooms, laboratories, the library, and computer learning and/or testing facilities, lounge and relaxation areas, and study space. Students also may serve as guides if the Survey Team tours one or more teaching hospitals or ambulatory care sites.

Complaints and Grievances
A CHE QA Survey is not an opportunity for individual students, faculty members, deans, or anyone else to involve the CHE in discussions about personal or academic grievances with the medical school. As an accrediting agency, the CHE and its Survey Teams concentrate only on making determinations about the medical education program's performance related to the Standards and Elements and general improvement of the educational program.

Any student who believes that a medical education program's actions or policies indicate noncompliance with Standards or unsatisfactory performance in one or more Elements can bring the issue to the CHE's attention by submitting a formal complaint about the program at any time.

Other Opportunities for Student Involvement with the CHE
The Chair of the Israeli Medical Students' Association is a member of the CHE's Advisory Committee for Medical Education (ACME) and provides the student perspective in QA standards/Elements, policies, and actions. He/she participates in the discussions and decision-making on QA matters during ACME meetings, including in reviews of QA surveys and medical school follow-up reports, and consideration of new or revised Standards/Elements and policies.

Student Feedback on Standards of Medical Education
The CHE both appreciates and benefits from student input. One of the ways in which students can be helpful to the CHE is by providing suggestions for and feedback on its Standards and Elements. Students with ideas for new Standards and/or Elements should contact the CHE QA Division.

Appendix A: Data Collection and Reporting Logistics

The SATF Student Representative should coordinate survey creation, data analysis of the responses, and development of the student survey narrative.

Use methods that ensure broad input and reflect student body opinion. The Student Representative should develop and disseminate a student opinion survey to each medical student class, using the required items in Appendix C and adding items to address issues of particular importance at your medical school.

Once the Student Representative has collected the data, together with the SATF Secretary, he/she should analyze and summarize the data and prepare the Student Survey. When reporting the results of the survey, include the response rate for EACH class year and the overall response rate.

Use tables to present the data as illustrated in Appendix D.

Only present the data as tables. It is not necessary to use sophisticated statistical analyses. The number and percent of respondents choosing each option for each survey item in each class year is most useful, as the Survey Team will be able to clearly see the range of student opinion.

Collect and analyze the data as the ISA is being finalized and complete the final version of the Student Survey by or before the time that the Self-Assessment Task Force begins its work.

1. Title the student survey sections "Methods", "Executive Summary", "Narrative", "Summary and Conclusions", and "Numerical Tables."
2. Begin by describing the methods used to gather student opinion data. Include the number and percent of students responding both by class year and overall and indicate the dates the survey was administered. If applicable, include the number of students who participated in class meetings or focus groups.
3. In the executive summary, highlight the major findings organized by Elements or by some other framework (e.g., curriculum, student services).
4. In the narrative concisely summarize the results of the student opinion survey, organizing the findings by topic areas (e.g., curriculum, student services). Note areas in which the medical school is doing well and areas in which it needs improvement, documenting conclusions using data from the survey. Note any recent changes (e.g., curriculum revisions or changes in student services) that may reflect differences in how each class rated an item.
5. In the "Numerical Tables" section, include a table for each item on the survey. For each item, the CHE requires providing the number and percent of students who selected n/a, dissatisfied and very dissatisfied combined, and satisfied and very satisfied combined.

Appendix B: Required Student Opinion Survey Items

The CHE requires that the student opinion survey include, at a minimum, the following items and that you use the scale below.

This is so that the response data includes topics that relate to CHE QA requirements and that are required for your medical school's Self-Assessment and DCI.

You may add survey items as needed to reflect the distinctive characteristics of your medical school or to address other issues of particular importance to your medical school's students.

Student Survey (Clinical Years)

Please circle the letter indicating your level of satisfaction, using the following scale:

1 (very dissatisfied) to 6 (very satisfied)
N/A = No opportunity to assess / No opinion / Have not experienced this yet
All questions are mandatory

LEARNING ENVIRONMENT AND FACILITIES

1.	Availability and quality of student relaxation space at the faculty	1	2	3	4	5	6	N/A
2.	Adequacy of faculty cleanliness	1	2	3	4	5	6	N/A
3.	Accessibility of faculty to disabled persons (i.e. wheelchairs, etc.)	1	2	3	4	5	6	N/A
4.	Adequacy of personal safety and security at the faculty and its surroundings	1	2	3	4	5	6	N/A
5.	Adequacy of security guidelines for emergency situations	1	2	3	4	5	6	N/A
6.	Access to secure storage space for personal belongings at faculty	1	2	3	4	5	6	N/A
7.	Security in leaving personal items in lecture halls, labs and the library	1	2	3	4	5	6	N/A
8.	Adequacy of mechanisms for "public complaints"(i.e. infrastructure problems, security, logistics, etc.)	1	2	3	4	5	6	N/A
9.	Adequacy of education about prevention and exposure to infectious and environmental hazards in faculty labs	1	2	3	4	5	6	N/A
10.	Quality and availability of discounted food sources in the faculty	1	2	3	4	5	6	N/A
11.	Availability of vending machines throughout the faculty	1	2	3	4	5	6	N/A
12.	Access to secure storage space for personal belongings at hospitals	1	2	3	4	5	6	N/A
13.	Security in leaving personal items in the hospital	1	2	3	4	5	6	N/A
14.	Adequacy of education about prevention and exposure to infectious and environmental hazards in hospitals (**if 3 or less, please indicate a specific hospital**)	1	2	3	4	5	6	N/A
15.	Quality of lecture halls, large group classroom facilities	1	2	3	4	5	6	N/A
16.	Quality of small group teaching spaces in faculty	1	2	3	4	5	6	N/A
17.	Quality of teaching spaces in hospitals	1	2	3	4	5	6	N/A
18.	Quality of internet in lecture halls and teaching spaces in faculty	1	2	3	4	5	6	N/A
19.	Quality and availability of study spaces in the faculty	1	2	3	4	5	6	N/A
20.	Quality and availability of study spaces in hospitals	1	2	3	4	5	6	N/A
21.	Quality of internet in faculty study spaces	1	2	3	4	5	6	N/A
22.	Adequacy of clinical skills/simulation space	1	2	3	4	5	6	N/A

LIBRARY AND INFORMATION RESOURCES

1.	Adequacy of library hours	1	2	3	4	5	6	N/A

2.	Availability of library books	1	2	3	4	5	6	N/A
3.	Quality of library support and services	1	2	3	4	5	6	N/A
4.	Availability of computer learning resources (i.e. SPSS, pharmacology tutorials)	1	2	3	4	5	6	N/A
5.	Ease of access to electronic learning materials in the library (up-to-date, pubmed, etc.)	1	2	3	4	5	6	N/A
6.	Availability of small group study spaces in the library	1	2	3	4	5	6	N/A
7.	Availability of small individual study spaces in the library	1	2	3	4	5	6	N/A

MEDICAL EDUCATION PROGRAM

1.	Quality of teaching in the pre-clinical years	1	2	3	4	5	6	N/A
2.	Availability of filmed lectures and resources for independent study	1	2	3	4	5	6	N/A
3.	Quality of formative feedback for students in the pre-clinical years (i.e. homework, response to exam appeals, etc.)	1	2	3	4	5	6	N/A
4.	Faculty responsiveness to student feedback on courses	1	2	3	4	5	6	N/A
5.	Overall workload in the pre-clinical years	1	2	3	4	5	6	N/A
6.	Clarity of policies for advancement/graduation	1	2	3	4	5	6	N/A
7.	Utility of the clinical curriculum to support learning (**4th year only**)	1	2	3	4	5	6	N/A
8.	Options for clinical electives	1	2	3	4	5	6	N/A
9.	Quality of frontal lectures in the clinical years	1	2	3	4	5	6	N/A
10.	Amount of formative feedback in the clinical years	1	2	3	4	5	6	N/A
11.	Quality of formative feedback in the clinical years	1	2	3	4	5	6	N/A
12.	Faculty responsiveness to student feedback on courses/clerkships	1	2	3	4	5	6	N/A
13.	Utility of the first and second years as preparation for clinical clerkships	1	2	3	4	5	6	N/A
14.	Overall workload in the clinical years	1	2	3	4	5	6	N/A
15.	Level of professionalism in the clinical clerkships(spectrum of cases, quality of care, preparation for exam)	1	2	3	4	5	6	N/A
16.	Availability of tutors/residents during clerkships	1	2	3	4	5	6	N/A
17.	Access to patients during the clerkships	1	2	3	4	5	6	N/A
18.	Supervision of students by tutors/residents during clerkships	1	2	3	4	5	6	N/A
19.	Clarity of policies for advancement/graduation	1	2	3	4	5	6	N/A
20.	Quality of access to clinic work during studies	1	2	3	4	5	6	N/A

STUDENT SERVICES

1.	Access to opportunities to participate in research	1	2	3	4	5	6	N/A
2.	Availability of academic counseling/tutoring (i.e. by students)	1	2	3	4	5	6	N/A
3.	Access to service learning/community service opportunities	1	2	3	4	5	6	N/A
4.	Availability of international learning opportunities	1	2	3	4	5	6	N/A
5.	Accessibility of student health services	1	2	3	4	5	6	N/A
6.	Accessibility of personal counseling (pregnant women, mistreatment, etc.)	1	2	3	4	5	6	N/A
7.	Adequacy of academic counseling (from members of the faculty)	1	2	3	4	5	6	N/A
8.	Adequacy of counseling on choosing extramural electives	1	2	3	4	5	6	N/A
9.	Adequacy of career advising	1	2	3	4	5	6	N/A
10.	Confidentiality of personal counseling	1	2	3	4	5	6	N/A
11.	Access to student academic records	1	2	3	4	5	6	N/A
12.	Adequacy of debt management counseling	1	2	3	4	5	6	N/A

Appendix C: Reporting of Results – Required Tables in the Independent Student Analysis

Use the following scale for each survey item:
1 (very dissatisfied) to 6 (very satisfied)
N/A = No opportunity to assess / No opinion / Have not experienced this yet

Use the following table for each survey item where data come from students in all years of the curriculum.

The column titled "Number of Total Responses/Response Rate to this Item" shows the total number of students responding to the item (N) divided by the total number of students in the class (%). For the remaining columns, the CHE requires that you calculate all response data percentages using the total number of responses, which includes N/A responses, as the denominator, and using the type of response (e.g., satisfied/very satisfied as the numerator).

Table Title*								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M1								
M2								
M3								
M4								
Total								

* Change as appropriate

If an item is directed to students in the clerkship years, the following table format should be used:

Table Title								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
M2								
M3								
M4								
Total								

* Delete any rows that include students who have not experienced the required clerkships.