

### Abstract

The joining of Georgia to the Bologna Process, new law about High Education adopted by the Georgian government in 2005, needs of Society and labor market, fundamental changes in medicine and many other factors obligates us to reform of system of High Medical Education.

Activity of Service of Quality Assurance in Higher Schools of post-soviet countries and improving the quality of medical education is necessary condition for join in the European Space of Higher Education.

At the end of 2004/2005 academic years a committee of Quality Assurance has been established within the Faculty. Administration at the Faculty of Medicine and Committee of Quality Assurance was made self-evaluation. We used the international standards of Basic Medical Education offered by the World Federation of Medical Education.

On the basis of swot-analysis elaborated new strategic plan of development of Faculty and made the important changes.

The ultimate goal of the reform of system of High Medical Education and implementation of Quality Assurance service is to ensure the production of competitive graduates with better quality and high competences.

**Key Words:** Reform of High Education; Quality of Medical Education; Swat-analysis;

### Introduction

The joining of Georgia to Bologna Process, new law about High Education adopted by the Georgian government in 2005, needs of Society and labor market, fundamental changes in medicine and many other factors obligates us to reform the of system of High Medical Education.

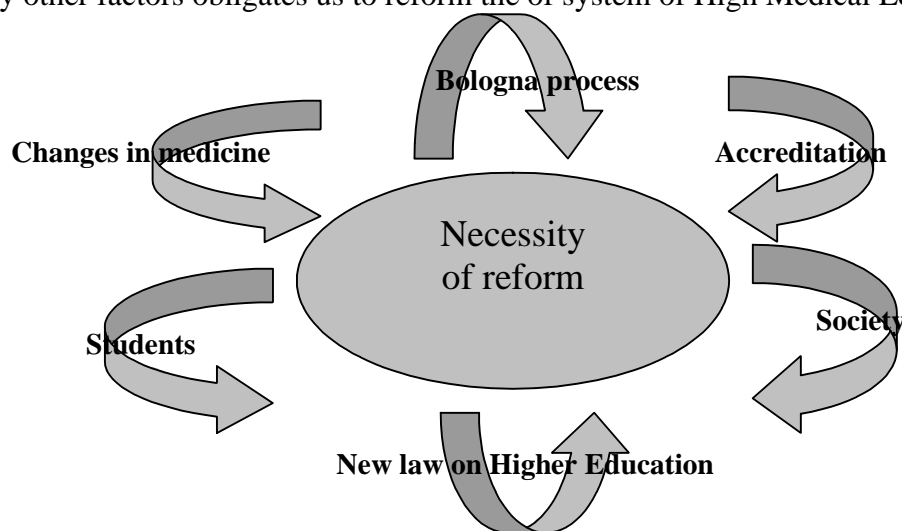


Figure 1. Framework for necessity of reform in higher medical education

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The activity of Service of Quality Assurance in Higher Schools of post-soviet countries and improving the quality of medical education is necessary condition for join in the European Space of Higher Education.

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For an efficient and flexible reaction to the changing needs of the social environment the institutions of higher education are required to involve the mechanisms of quality management with all its necessary instruments and methods (Csizmadia, 2003; Rummler and Brache, 1995).

At the end of 2004/2005 academic years a committee of Quality Assurance has been established within the Faculty. Administration at the Faculty of Medicine and Committee of Quality Assurance was self-evaluated.

### **Global standards for Quality improvement**

Variations among countries in Medical Education due to differences in teaching traditions, culture, socio-economic conditions, the health and disease spectrum, different forms of Health Care delivery systems.

Scientific basis of medicine is universal and task of Medical Education everywhere is the provision of Health Care and despite cultural peculiarities of countries and nations the structure, process and outcomes of medical education fall into a universal standard.

World Federation of Medical Education elaborate International standards in Medical Education, the purpose was to provide a mechanism for Quality improvement in Higher Medical Education in global context, to be applied by institutions responsible for Medical Education.

### **Methods of self-evaluation**

International standards of Basic Medical Education offered by the World Federation of Medical Education were used for self-evaluation.

The process of self-evaluation carried out by the Faculty of Medicine comprised on the following directions:

- ! Mission and goals
- ! Curriculum
- ! Students' evaluation
- ! Students
- ! Academic staff
- ! Program evaluation
- ! Resources
- ! Administration and management
- ! Renewal

The given paper outlines the results of self-evaluation in the directions enumerated above.

### **Mission and goals of the Faculty**

The self-evaluation showed that during the 10 years of its existence (1995-2005) the Faculty was governed in accordance with the University statute, which outlined general university mission and goals, but did not include the peculiarities of the mission and goals of the Faculty of Medicine. Therefore, none of the standards of the university mission and goals were met at the Faculty, including those of social responsibility, research, social involvement and the cooperation with the stakeholder (academic staff, students, university, governmental structures, representatives of professional medical organizations, service providers of the Ministry of Healthcare, representatives of post-diploma education, and representatives of society) which are of high importance for any university.

Evaluation of academic standards of autonomy displayed that the curricula were designed in compliance with the standards adopted by the Ministry of Healthcare and Ministry of Education in 1999.

The curriculum was then adopted by the educational-methodic department of the Tbilisi State University and then by the Rector. In other words, the process of curriculum design was less independent, and the Faculty used to receive a ready educational standard which mainly reflected the requirements of soviet education system. The self-evaluation displayed that none of the standards of learning outcomes and students' competencies were met by the Faculty.

### **Curriculum**

Evaluation of the curriculum showed that it consisted of basic, clinical, specialized, university and elective subjects; the list of university and elective subjects was determined by the University administration, namely by the educational-methodic department; the list of elective subjects was compiled from the general university list and did not include specific medical subjects.

Due to a low level of Faculty autonomy, the amount of obligatory subjects during the first year was 26 (!) subjects with 30% of them being general university disciplines (History of Georgia, Geography of Georgia, History of Caucasus in myths and legends, Basics of Economics, History of Religion, Higher Mathematics, and Jurisprudence etc.).

There was a discrepancy in the application of the state educational standards, since it had been elaborated for a 7-year-long study program. But the studies last for 6 years at the Faculty of Medicine.

As for the student promotion standards, there was a scholarship scheme at the Faculty, but the amount of the scholarships was extremely limited by the University administration.

For developing the scientific skills of the students the Faculty permanently prepared certain papers, organized Faculty students' conferences, as well as University scientific conferences. There was a students' scientific circle working at the faculty. Some of the students took part in the scientific researched carried out within the framework of grants.

The standards of basic bio-medical sciences were not met, as there was no integration between basic and clinical subjects and the basic bio-medical disciplines did not reflect the modern scientific and practical achievements of healthcare sphere. Nor the acute issues of population health, neither the local and national priorities of healthcare, fully outlined in the curriculum.

Though the program included social and behavioral sciences, medical ethics and jurisprudence, it did not provide space for adaptation with novelties of the healthcare sector.

The Faculty had a methodical council which was similar in functions with educational committee; it consisted of only the representatives of academic staff and it was forbidden to involve outsiders like students or other interested parties.

Consequently, various standards were not met in this direction including standard of educational committee, standard of operational link between the basic medical education and post-university trainings etc.

### **Students' evaluation**

The Faculty had only oral rules (instead of documented regulations) of the methods of evaluation. Students received the information about evaluation from the lecturers.

The methods, principles and practical application of evaluation active at the Faculty were not connected with goals of education. It rather involved passes, quizzes and exams. The rules of selecting the type of evaluation and criteria were carried out by the Faculty methodic council and the Deputy Dean in charge of academic affairs, with no pre-determined rules employed.

The main type of evaluation was an oral exam upon the completion of the course. Some of the chairs used to involve written final tests. The exam was marked by 5-grade system. There were three positive and one negative grade in the system (5-excellent, 4-good, 3-satisfactory and 2-failure); such kind of limit caused certain difficulties in the differentiated approach which evaluating the students' knowledge.

There was no formative and summative evaluation used in the Faculty.

Though there were general university rules they were not implemented in reality. For example, according to the university rules the criterion for student's exclusion from the university was the amount of missed contact hours and it made 40 hours but the faculty did not utilize this rule.

The research displayed that there were students who had missed 290 hours and the administration, reacted to only by means of oral warning. The Faculty was not free from protectionism and in these conditions students' registration at the lectures lacked any sense.

Signatures of the members of the examination board were named as the warranty of the trustworthiness and fairness of students' evaluation, but this was a fiction. It is widely known that the examination was conducted by a single professor and the other members of the examination

board just put their signatures on the exam sheet later thus proving “the trustworthiness and fairness of the evaluation”.

The Faculty initiated a new type of summative examination in clinical disciplines upon the completion of the second and fifth years of studies.

The self-evaluation displayed that there was no link and interdependence between the methods of evaluation and studies, or between the methods, principles and practical application of evaluation.

### **Students**

The strategy of applicants’ selection and acceptance was determined by the University rectors’ office, which manned the examination board and led the examination procedures and evaluation. It should be noted that there were two sectors at the Faculty- state budget financed and self-financed.

The number of seats at the state budget finances sector was 20 while the other sector had 80 seats available. If there were more than 80 applicants, then the number of available seats would increase. This condition itself excluded any chances of determination of the amount of available seats in compliance with the educational-methodic and material resources of the Faculty.

The rules and the strategy of enrollment for two sectors were different. E.g. major “General Practitioner” – budget financed sector had three entrance exams (biology, chemistry and Georgian language). If the applicant received a low grade on the first exam, he was given a chance to enroll in the self-financed sector. Those who applied for the self-financed sector directly had to pass only one exam in biology.

Due to such an unequal strategy for students’ recruitment, with practically no barriers for the self-financed sector, the educational process was fully homogenous for both sectors and the groups consisted of students from both sectors.

Naturally, no standards for students’ selection were met at the Faculty. The only mechanism of amending the number of students and changing the quotas was an oral agreement with the Rector.

### **Academic staff**

Faculty lacked any policy and plan for staff recruitment as well as faculty, institutional or state requirements that the faculty would demand from its employees. The only mechanism involved was protectionism.

Academic personnel and their salaries were in direct correlative relation with the work load. The documents examined during the self-evaluation show that in addition to the hours foreseen by the study plan 12 chairs of the faculty were also “performing” some additional hours (e.g. the contact hours for the Chair of Therapy made 15721 hours, additional – 23744 hours; Chair of Surgery: 5472 contact hours, 8488 additional hours, Chair of Pathology: 4819 contact hours, additional 6616 hours etc.).

Researches conducted during self-evaluation displayed that these hours were officially considered as the consultations for the students but there was no reasoning provided for the fact that such hours exceeded the main work load.

The faculty had neither a promotion scheme for academic, scientific and other activities nor any policy for trainings or evaluation of teaching performance and the policy for peer evaluation.

The Faculty had 34 clinical bases but the standards of educational process maintenance in terms of logistics were not met; naturally there was no sign of renovations of educational space and recreation area.

The self-evaluation displayed as well that the basic standards of program evaluation, administration and management and lifelong learning were not met.

Therefore, the conducted self-evaluation research revealed the following:

Mission and goals of the Faculty	has not been established;
Curriculum	inadequate – competencies are not clear, mission of curricula and

	courses are not clear;
Students' evaluation	does not meet standards, methods of teaching and evaluation are outdated
Students	no policy
Academic staff	does not meet standards
Resources	does not meet standards
Program evaluation	does not exist
Administration and management	weak, low level of autonomy
Renewal	does not take place

The purposes of applying international standards in evaluation were the following:

- ! To stimulate the reform process in order to improve the quality of teaching and to work out specific action plans of the reform;
- ! To improve the curricula;
- ! To optimize qualitatively the medical staff and medical services taking into account speedy internationalization process;

As a result of SWOT analysis weaknesses and strengths of the development of the department, and Additional obstacles and positive factors were identified and singled out.

### **New strategic plan of development**

On the basis of the results of self-evaluation and SWOT analysis we have elaborated a new strategic plan for development consisting of three main directions:

- ! New curricula;
- ! Development of the structure and system of the department;
- ! Development of new, modern and affective approaches and methods of teaching.

Strategic development plan of the department describes the basics of new curricula, namely the study programs:

- ! The competences of the graduates (with diplomas) should be based on the learning outcomes and goals should be identified in advance;
- ! Integrated teaching of basic, clinical and social disciplines(Figure 3);
- ! Clinical activities should be touched on from the first courses with a scientific context emphasizing basic mechanisms and experiences based on ethical standpoints and scientific arguments.

The basic principles of management have been identified in the strategic development plan:

- ! Department is autonomous in the management of study process and resources;
- ! Management policy is carried out by the Departmental council (as regulated by the law);
- ! Management bodies of the department are the dean's office and the department committees; the rights and responsibilities of these bodies are regulated by the departmental statute (and adopted by the University and Departmental Councils).

### **Steps of changes**

For realization new Strategic plan it became necessary to change the existing Credit System by European Credit Transfer System.

Implementation of European Credit Transfer System at the Faculty of Medicine at Tbilisi State University demanded revision of the whole system of Curriculum and Policy of teaching at the Faculty according to international standards.

The preparatory works carried out before the introduction of the European Credit Transfer System were divided into several stages.

On the first stage we analyzed existing situation, curricula and accounting documentations and record-books regulating the study process.

The first stage was focused on introducing certain changes in the curriculum in order to make the study process meet the required international standards, namely the academic workload for the faculty as well the students' contact hours and number of social-economic and humanities disciplines were reduced.

	Old structure	New structure
Academic workload (teaching hours)	8800	5500
Student's workload in week (hours)	40-48	30
Number of disciplines on the first year	26 (!)	11
Contact hours for Disciplines(example)	180	120
Number of credits for teaching year (example)	56	60
Credit's hour (academic hour)	16	25
Workload of the department for teaching years(example)	39465	12136

Second stage was concentrated on the development of necessary methodic recommendations, their implementation and monitoring.

The main purpose of the seminars was to provide information to the academic staff on the processes in the higher education system and important documents (namely Charter of the Universities, Lisbon Convention, Sorbonne Declaration, Bologna Declaration, Berlin Communiqué and Bergen Communiqué), as well as international standards in Higher Medical Education and the terms and procedures of implementing ECTS and their contents.

The topics of the seminars were dealing with the answers to the following questions:

- What are ECTS and its credits?*
- What is student's workload?*
- What is a syllabus?*
- What is new scale of grading according to ECTS?*
- What is learning outcomes and competencies?*
- What is diploma supplement?*
- What is .....? etc.*

The elaborated recommendations were distributed to the academic staff in the form of information letters.

Thus, the handbook on the ECTS was made available to the academic personnel containing:

- ! the material on how to write a syllabus;
- ! a sample of syllabus;
- ! Instruction on the new system of grading.

On the given stage the seminars were organized for the academic personnel as well as students.

Student should share the responsibility joint self-study. Lecture, didactic tutoring (passive participation of students) should gradually be replaced by interactive forms of teaching.

The seminars organized for the students were focused on the ECTS and its basic characteristics and the possibilities of students' mobility as well as information on the new system of students' assessment and forms of workload and its organization.

In 2005/2006 academic years was Implemented new system of students' assessment. Introduction of the new system of students' assessment is one of the fundamental part of the reform and the implementation of ECTS.

The form of final exam throughout the whole university has been changed into a testing. In the new system any types of activities are correspondingly graded thus making the system reflect objectively the student's attempts to obtain knowledge and outcomes of these attempts.

The new system of students' assessment modified the students' approach towards the learning process.

The new system of students' assessment is student-centered and acceptable for the students since it transparent and maximally close to objective evaluation leaving no room for corruption and protectionism.

The new system of students' assessment is transparent with certain amount of point allotted to the separate components; each student is aware of her/his academic excellence before entering the final exam and the information is available for the whole students' community.

It is widely believed that the new system of students' assessment and the implementation of ECTS will assist the mobility of the students of Faculty of Medicine and give them chances of sharing the experience of different school by means of exchanges.

The idea formulated between the student and professor that, credits belongs to the teacher" was changed into a new motto, credits belongs to students".

All the teachers were asked to hand in a syllabus, with the amount of contact hours as well as the amount of independent work required for getting the credit.

On the next stage a new document of accounting and organization of study process the so called „ form #2" was introduced as well as a special document for the personnel workload, „ form #18", „ form #19", „ form #63" and „ form #82" for the students' assessment.

School of occupational therapy has been set up in 2006 with a new curriculum to be implemented in the coming academic year.

Academic competitions have already been finished at the department.

### **Conclusion**

At the Faculty of Medicine Tbilisi State University some problems are resulted and closed, but other (including research, continuing professional development, revision of teaching process, etc.) still rests.

In the Quality improvement of Medical Education indispensable component is self-evaluation.

In all stage of changes Service of Quality Assurance has an important role.

The ultimate goal of the reform of system of High Medical Education and implementation of Quality Assurance service is to ensure the production of competitive graduates with better quality and high competences.

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