كلية الطب بصفاقس
Faculté de Médecine de Sfax

جامعة صفاقس
Université de Sfax

MEDICAL SCHOOL OF SFAX
ACCREDITATION COMMITTEE

DATA BASE DOCUMENT

FEBRUARY 2016

International Association of Medical Colleges

Accrediting Standards -Data Base of
International Association of Medical Colleges

This report was cordially reviewed and corrected by Professor Linda R. Adkison

STANDARD - A. Governance and Administration

STANDARD A. 1 – Form

Founded in 1974, the School of Medicine of Sfax (SMS) is a public higher education and scientific research institution that depends on the University of Sfax, which itself depends on ministry of high education and scientific research (MHESR) (Appendix 1). However, the School maintains close relations with the ministry of health (MH). The orientation of high school graduates, wishing to pursue medical studies, is made according to a national score set by a national grid (Appendix 2).

a. Provide a statement of the schools mission and objectives.

The mission of the SMS can be summarized as follows:

- Basic medical training: to train family practitioners (fig 1) (Appendixes 3 and 4)
- Continuing Medical Education:
    - For students, residents and practicing physicians in the public and private sectors.
    - post-graduate courses, seminars, workshops, ...
- Scientific research.

Fig 1: basic medical training scheme

Medical Studies

1st year pre-clinical
2nd year preclinical
1st year clinical
2nd year clinical
3rd year clinical

↓

3 year Internship

1st year internship, 2 years of Family Medicine
MD thesis

b. Check any units for which the governing board is directly responsible

✓	Parent University
✓	Government officials
	Private Governing Board
	Other (describe below)

c. Name, email and contact phone of the board chair

- **Samy KAMMOUN**
- **Samy.kammoun@yahoo.fr**
- **Tel. 00216 74240213**
- **Fax. 00216 74246217**

d. Year of board chair's appointment or election and term dates.

- **Appointment : August, 1st 2014**
- **Term date: July, 31 2017**

e. If there is an executive committee or similar, how is it chosen?

i. How often does it meet, or determine policy? (provide copy of its records)

- With reference to article n° 39 of the Decree n° 2008-2716 dated 4th August 2008 (Appendix5), relating to the organization of the universities and higher education and research establishments and the rules of their functioning the Scientific Council "shall meet once every month and each time when it is called by the Dean or director or at the request of the majority of its members belonging to education and research personnel. The council meetings are

only valid, if the half of its members at least is present. In default, it is proceeded within a week at maximum another meeting whatever the number of the present persons."

At the School of Medicine of Sfax, the Scientific Council meets at least once a month (often the first Tuesday of each month).

ii. Who are its members?

Referring to article n° 33 of the Decree n° 2008-2716 dated 4 August 2008 (Appendix5) relating to the organization of the universities and higher education and research establishments and the rules of their functioning and to the circular n° 29/2011. (Appendix6)

The Scientific Council is composed of:

- The Dean,
- The Vice Dean, Director of Academic Affairs
- The Director of Clinical Affairs
- The eight Department Chairs
- The five representatives elected (Rank A) among professors and associated professors,
- The five representatives elected (Rank B) among assistant professors.
- The two students elected each year (one representative of pre-clinical years and one of clinical years).
- The representatives of economic, social and cultural institutions which number is inferior or equal to the half of the representatives of the School and who are proposed by the institutions to which they belong.
- The representative of the teachers who don't belong to the medical committee (English, sport and IT)
- General Secretary, the council "reporter".

Name and First name	Quality
Samy Kammoun	The Dean
Hela Karray Hakim	Vice Dean , Director of academic affairs
Mohamed Zribi	The Director for clinical affairs
Zouheir Bahloul	Medical Department « A » chair
Chokri Mhiri	Medical Department « B » chair
Mohamed Ben Amar	Surgical Department « A » chair
Zaher Boudawara	Surgical Department « B » chair
Fatma Ayadi	Basic sciences Department « A » chair
Jalel Gargouri	Basic sciences Department « B » chair
Thouraya Kammoun	Community Medicine Department. « A » chair
Lobna Zouari	Community Medicine Department « B » chair
Abdemlajid Khabir	Representative of rank « A »
Fethi Karray	Representative of rank« A »
Jihene Aloulou	Representative of rank « A »
Wassim Zribi	Representative of rank « A »
Nozha chakroun	Representative of rank« A »
Lamia Gargouri	Representative of rank« B »
Abdessalem Hentati	Representative of rank« B »
Yosr Hentati	Representative of rank« B»
Amine Chakroun	Representative of rank« B»
Hend Hachicha	Representative of rank « B»
Hanène Farjallh	Representative the teachers who don't belong to the medical committee (English, sports and IT)
Ahmed Walha	Student representative of preclinical years
Mohamed Saddik Regaieg	Student representative of clinical years
Hadil Darghouthi	Student representative of internship

iii. Provide for each executive committee member the dates of appointment/election and the dates of expiration

The Scientific Council was elected for three-year-mandate from August 1, 2014 to July 31, 2017.

f. If the medical school has its own board of trustees, or is overseen directly by a subcommittee of the university or health science center board?

The SMS is directly monitored by the Sfax University and the MHESR.

g. Do those with a financial interest have a role in determining admissions, or academic policy?

The MHESR determines the student's admission and the academic policies through a decree for the student registration status (Appendix 3) and the brochure of university orientation- which is updated annually. It also fixes the standard criteria that enable students to enrol at SMS.

h. Name, address(s), occupation

The SMS is a public institution situated on Majida Boulila Street.

STANDARD A2 – Legal authorization to Operate

The law decree 1974 creating the SMS (Appendix 1) allows it the authorization to organize and manage educational programs for medical students who have been referred by the Office of MHESR itself according to the above-mentioned brochure (Appendix 2). The programs are subsequently fixed by the order of MHESR suggested by the School (Appendix 7). The last one was published in 2005.

The SMS is on the list of institutions recognized by WHO. The medical school is also a member of the CIDMEF .The latter conducted two audit visits: 2000 and

2004 respectively (Appendixes 8 and 9).The School obtained the CIDMEF label in September 2014 (Appendix 10).

a. Year of initial chartering (Attach a copy):

1974: Law Decree 1974 (Appendix 1).

b. What generally accepted resource publication list the school

- The Official Journal of the Republic of Tunisia: Law Decree 1974 (Appendix 1).
- The World Directory of Medical School (www.wdoms.org).
- CIDMEF: International Conference of the Deans of the French medical schools.

STANDARD A3 – Organization:

A. The Chief Administrative Officer:

General Secretary: Mr. Habib Chebbi

B. The Chief Academic Officer:

The Dean: Pr. Samy Kammoun

C. The Associate Dean for the Academic Affairs:

Vice Dean, the Director of Academic Affairs: Pr. Hela Karray

D. The Associate Dean for Clinical Affairs:

The Director of the Clinical Affairs: Pr. Mohamed Zribi

E. Associate Dean for Student Affairs:

N/A

G. Registrar:

Mr. Habib Marouen

H. Chief Fiscal Officer:

Mrs. Ines Ben Moussa

I. Clinical chairs and/or clinical hospital directors:

Clinical Hospital directors:

Pr. M. Elloumi (Hédi Chaker University Hospital (HCUH))

Pr. M. Bouaziz (Habib Bourguiba University Hospital (HBUH))

Other hospitals: Mahres, Jbeniana, Kerkenah, Medenine , Gabes

Hospital coordinators	hospitals	location
Pr. Mounir Ben Jmâa	HCUH	Sfax
Pr. Salah Boujelbène	HBUH	Sfax
	RHMah	Mahares
	RHK	Kerkenah
	RHJ	Jebeniana
Dr. Samir Aloulou	RHG	Gabes
Pr. Abdelmajid Khabir	RHM	Médenine

1. Describe the process by which administrative officers are selected/ appointed.

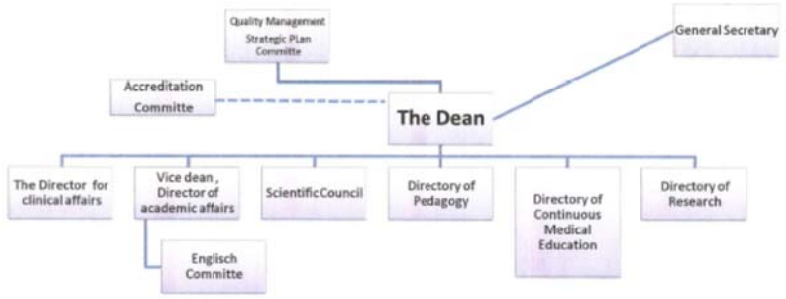
The Secretary General, the Principal Secretary and the Chief Fiscal Officer are appointed by the MHESR on a proposal from the Dean who selects them according to fixed criteria. The registrar (or accounting officer) is appointed by the Financial Minister.

2. Should there be an intention to increase the size of enrolment, discuss the need for increases in staff, faculty and facilities that are required to maintain the quality of education and student life.

When there's an intention to increase enrollment, there is no direct intervention for increases in staff, school and facilities that are required to maintain the quality of education and student life but the School can program the creation of new positions in future competitions. Moreover, there is some freedom in the choice of priorities of facilities / equipment from the annual budget allocated to this section by the university.

3. Attach a chart showing school's organization generally.

Chart of the FMS



4. Also attach a chart detailing the organization of the Dean's office.

See the chart of the School's organisation.

5. Provide an executive summary of the current medical school strategic plan, if any.

The strategic plan committee was created in October 2014 (Appendix 11). The committee chair is Pr. Jalel Gargouri and members are Pr. Mohamed Zribi and Dr. Ikram Ben Amor. The first draft of the strategic plan was discussed and approved by the Scientific Council of our Medical School in June 2015.

6. Date of most recent review or revision of the strategic plan:

The strategic plan was created October 2014 and approved in June 2015.

7. How often is the strategic plan reviewed or revised?

The strategic plan was created October 2014 and approved in June 2015.

8. Briefly summarize or outline the planning process, including the main participants and the names or titles of individuals or groups whose approval is required to finalize the plan. Provide copies the documents illustrating of how this was accomplished.

N/A The strategic plan committee was created in October 2014. The committee chair is Pr. Jalel Gargouri and members are Pr. Mohamed Zribi and Dr. Ikram Ben Amor. The first draft of the strategic plan was discussed and approved by the Scientific Council of our School in June 2015. It took into consideration long as well as short term goals.This committee has to set up criteria to follow the achievement of this strategic plan. The deadline of this strategic plan will be December 2015.

Commentaire [LA1]: Since you have a strategic plan, this calls for discussion of who participated in its development and the process for approval. A copy of the plan is requested.

Commentaire [u2]: The annex 11 is a copy of strategic plan

9. Provide a copy of the faculty by laws that apply to the medical school or the URL of the web site where they can be viewed.

See website of SMS: www.fmsf.rnu.tn

10. Date of their most recent revision:

N/A

11. Indicate the number of vacant department chair positions.

2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
0	0	0	0	0	0	0

12. Total numbers of enrolled master's and doctoral students in graduate programs inthe biomedical sciences.

	2008	2009	2010	2011	2012	2013	2014
Master's	0	0	0	0	0	0	0
Doctoral	0	0	0	0	0	0	0

Standard A.4 – Governing Process

a. Summarize the procedure for election, or appointment and renewal of University and Medical School board members and officers, including the chair.

The election of Scientific Board members is done according to the regulations with a specific timetable (Appendixes 3 and 4):

- First, the election of chair of departments by all the department members (Appendix 12). The chairs of departments are elected for a three-year-term, renewable once.
- Then, the election of 5 representatives of Rank A (by all the teachers of the rank A) and 5 representatives of Rank B (by all the teachers of the rank B) for a three-year-term, renewable once.
- After that, the Dean election among the five Rank A faculty elected. Voting is allowed for the elected representatives of Ranks A and B. The Dean is elected for a three-year-term, renewable once.

b. What are the dates of each of their terms?

The terms begin at the same time for all elected immediately following the Dean election (last Dean election was in June 2014). A meeting between both Deans

handover took place after few weeks following the Dean election, in the 1st of August 2014 (Appendixes 5, 13, 14 and 15).

c. Briefly describe the role of the governing board in the appointment of administrative officers and faculty of the medical school.

The Scientific Board proposes the recruitment of Assistant and Associate professors. The graduation of Assistant or Associate professor is a national process (national examination) involving the four schools of medicine of Tunisia for regional posts. This allows mobility between the four schools of medicine. For the administration, the board has an advisory role.

d. Note any specific policies intended to prevent or address conflicts of interest among board members (including recusal from discussions or decisions if a potential conflict occurs).

We have specific policies concerning conflicts of interest among board members. In fact, if potential conflicts of interest are suspected, the member of Scientific Council isn't allowed to participate to discussions or decisions.

e. Who is responsible to identify conflicts or potential conflicts of interest?

The Ethics Committee was created in May 2015. The chair of the committee is Pr. Khaled Zeghal. One of the missions of this committee is to identify and prevent conflicts of interest.

e. Briefly describe the budgetary authority of department chairs, and the sources of funding for departmental budgets.

In our institution, there is no budgetary authority of departments. But, the chairs of departments propose the spending related to the study period and the Dean is the

only person who has budget authority. There are no specific funding sources for the departments.

STANDARD A. 5 – Administrative Structure

Standard A. 5 a. - Chief Academic Officer (CAO)

Standard A 5 b. i - Administration

1. Is there a periodic or cyclical institutional planning processes or activity?

The strategic plan committee was created in October 2014. The committee chair is Pr. Jalel Gargouri and members are Pr. Mohamed Zribi and Dr. Ikram Ben Amor. The first draft of the strategic plan was discussed and approved by the Scientific Council of our School in June 2015. It took into consideration long as well as short term goals.This committee has to set up criteria to follow the achievement of this strategic plan. The deadline of this strategic plan will be December 2015.

University of Sfax asked the School to prepare a cyclical institutional planning at the beginning of every academic year. However, the latter include neither short, nor long term goals. It is simply a typical planning that is established by the university.

Nowadays, it is necessary to take into consideration long as well as short term goals. While preparing this planning so as to guarantee a scholarly activity appropriate to the School's mission and objectives.

2. Do they involve the definition and periodic reassessment of both short-term and long-range goals?

It is simply a cyclical institutional planning that has to be filled in.

3. Does the school track progress by framing goals in terms of measurable outcomes?

Unfortunately, no.

4. Document achievement of the school's vision, mission, and goals.

(Appendix 5) (It's already done at the very beginning.).

5. What are the strategies for periodic or ongoing assessment of successes and unmet challenges?

Being conscious that the success of any institution depends on the strategy of evaluation, there are two types of assessment:

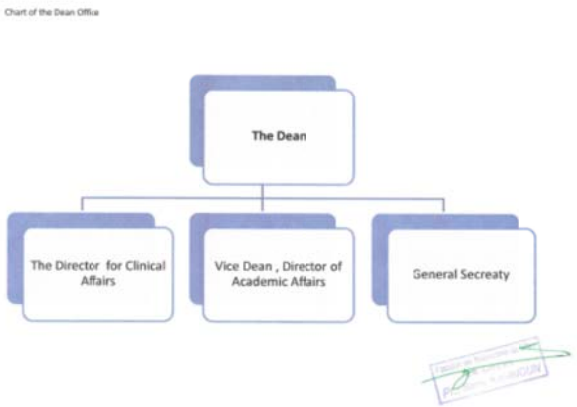
- The self-assessment which is annually achieved by the Scientific Council.

-The external assessment which was applied by the CIDMEF 2000 (Appendix 8)

Standard A5 b ii – Administration

Standard A 5 c. Accountibility

a. Attach a chart showing the organization of any dean's office.



b. Indicate the term of appointment for department chairs, and the number of times it can be renewed.

Department Chairs' appointment: From August1st, 2014 to July31st, 2017. It can be renewed only once.

c. Indicate the dates of beginning service for any dean, vice/associate deans, department chairs, directors and senior administrative officials.

First and second name	Job affiliation	Starting up date
Pr. Samy Kammoun	Dean	August, 1st 2014
Pr. Hela Karray	**Vice dean, Director of Academic Affairs**	August, 1st 2014
Mohamed Zribi	**Director of Clinical Affairs**	August, 1st 2014
	Department chairs	August, 1st 2014
Mr. Habib Chebbi	**General secretary**	December, 14th 2012
Mr. Mohamed Belhadj	**Principal Secretary**	December, 18th 2012

d. Describe the transition policy for the transfer of responsibility to the newly appointed person.

The transfer of responsibility to newly appointed person is actually carried out through a minute. This interests essentially the Dean and the general secretary. (Appendix16).

e. Explain any circumstance where a turnover or vacancy has or could have negatively impact institutional stability, especially planning for or implementing the educational program.

During the last ten years, we have not faced this problem. In case of vacancy (death, demission and IT), the Dean is replaced by the Vice Dean. The Scientific Council has to make such decision.

B. STANDARD- EDUCATIONAL PROGRAM

B1. Standard- Educational objectives

a. Briefly summarize the medical school's institutional objectives

The SMS has been ensuring its main mission which is governed by the law (Appendix 7): the basic medical training allows School teachers, tutors and professors to form competent general practitioners aware of their medical and social responsibilities, and capable of practicing primary care medicine at the end of their studies. They emphasize the development of the relational capacities, communication skills and socio-ethical responsibilities. For this reason, socio-human sciences represent a substantial part of the first year curriculum. Doctors must be capable of answering competently to the priority health needs of the community. Due to its mission, the School contributes to the social and economic development of the community.

The educational objectives were formulated by the Scientific Council of the SMS and approved by the university council of Sfax, then the supreme council for universities and at the end the MHESR.

These objectives are to:

- Allow students to acquire an appropriate knowledge in both basic and clinical sciences
- Enable students to acquire the multiple skills necessary for the competent practice of primary healthcare by
    - Possessing the necessary diagnostic problem solving and decision making skills to accurately evaluate and decide on the appropriate treatment for each patient
    - Being capable of detecting the situations which requires sending the sick person to a hospital or to a specialist.

- Develop the interpersonal skills and the communication capacities of the students with patients and families and collaboration capacities with healthcare professionals to provide the optimum care to individual patients and the community
- Make students aware of their social and ethical responsibilities
- Prepare the students for lifelong learning, professional development and possibly for the specialization (according to the students' choice).

These objectives are accessible to all (administrators, teachers, students, the public) on the Website of the School. At the beginning of the academic year, the students are informed about the program in a meeting with the Dean, the Vice Dean/ Director of Academic Affairs and the Director of Clinical Affairs.
The educational objectives serve as effective guides for the scientific committee, the educational program, the clinical clerkship planning and the student assessment.

b. Detail how it is determined those objectives are being met.

Until 2011, the program of medical studies consisted of a first academic cycle in two years followed by a second academic cycle in three years then a two-year-internship. At the end of this program, the students obtained their diploma after defending their doctoral thesis in medicine.
Following to an external evaluation of the four Schools of Medicine in Tunisia by the CIDMEF (International Conference of Deans of French Language Faculties of Medicine) in November, 2000 and to improve the medical training in Tunisia according to the international standards, actions were committed nationally. In 2006, reforms had been proposed in association with the MH, the four Tunisian Schools of Medicine, the World Health Organization and the Faculty of Medicine of Montreal, Canada. The aims were to improve the response of the Tunisian health

system to the demographic transition and to meet the international standards for medical studies and courses. The legislation governing this reform was published in 2011 (Appendix 17). This reform allows a new job profile of Family Medicine and meets the international standards. This new system of medical studies will allow Sfax to better meet the needs of population care and will increase the efficiency of the first-line doctors and particularly those working in the most peripheral regions of the country. This led in particular to operational changes in the theoretical education as well as in the training courses which were modified in their organization and their program to move closer to the goal of the family medicine. In the framework of this reform, a Department of Family Medicine is being created to ensure the proper implementation of this reform (Appendixes 17 and 18).

With the new reform, the regime of the medical studies consists now of an eight-year curriculum and contains three academic cycles:

- *a first cycle (two preclinical years)* which aims to:

• Provide students with the necessary knowledge in basic biomedical sciences covering the normal cell, normal organ systems, immunology and microbiology. Basic sciences shall create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science

• Initiate to the community medicine, the statistics and the methodology integrating the community public health, the community medicine and health as well as the Information Technology and Internet Certificate level 1 (C2i).

• Give also the skills of a clinical approach of the patient by a theoretical and practical teaching of the semiology and the physical examination.

• Train (skills and capacities) students in basic life support and nursing (Appendix 19).

• Acquire knowledge in human and social sciences integrating psychology, psycho sociology, initiation into the medical ethics and the history of the medicine.

- *a second cycle (four clinical years)* which is divided into three years of theoretical teaching and clinical training and the fourth year is for clinical training.

These clinical years are dedicated to:

- Teaching basic sciences like microbiology, parasitology, pathology and hematobiology. In the same way, this academic cycle comprises a teaching of the general aspects of radiology, pharmacology, and oncology.
- teaching specific and public health pathologies
- Integrating public health and the community health into courses of preventive and social medicine, of epidemiology, economy and sociology of health.
- Teaching of special pharmacology, therapeutic and medical practice within the therapeutic management of patients. This teaching allows students to study current pathologies or medical emergency and their therapeutic and preventive management which a physician of first line can face in his career;
- In addition, the increase of the elderly populations and the change of the morbidity profile in Tunisia (increasing chronic diseases and degenerative, co morbidity…) led to an introduction of geriatrics topics into the curriculum in order to meet the needs of the citizen health.
- the preparation for the practice of medicine by teaching forensics (medical law, deontology) and occupational medicine. Within this framework, the student is also aware of human rights and humanitarian law.

These clinical years are also devoted to patient contact by clinical clerkships in parallel with the theoretical teaching during three years and by internships during

one year in authorized clinical departments. All these activities are supervised by tutors.

During the three clinical years, the student rotates various clinical Departments: Medical, Surgical, Psychiatry, Pediatric and Gynecology-Obstetrics.

The internship is divided into three periods of four months each in a department approved by the School including one in a medical specialty and the other in a surgical one. The third period is carried out either in gynecology-obstetrics or pediatrics.

Alongside the medical studies, a mastery of the medical English language is ensured thanks to a teaching of English during the five years of study.

-*The third academic cycle* comprises two years of internship with a structured teaching ensured by the Medical School in collaboration with the national College of Family Medicine in the form of workshops, seminars or tutorials.

The internships comprise one year of training in the approved hospital departments and a year of training in the health systems of first line and second line care under the responsibility of internship supervisors approved by the School. At the end of the training, physicians possess a defined knowledge, clinical skills, procedural skills and professional attitudes which are directed to patient care under supervision. They apply these competencies to collect and interpret information, make proposals for clinical decisions, and carry out some defined diagnosis and therapeutic procedures. The Diploma of the Family Medicine is delivered by the National College of Family Medicine to the students who validated the whole of the theoretical and practical training and after presenting their doctoral thesis (Appendixes 17 and 18).

Setting up procedures of the third academic cycle will be finalized by the MH this year. The first class will start its 2 year-period in January, 2017.

c. are the students enrolled in PhD and master's programs (in basic sciences and other related disciplines, such as biomedical engineering, medical informatics):

Research is not compulsory. Since 2015-2016, two research masters (basic sciences and clinical sciences) will be implemented in our School. Students are allowed to participate to these research masters.

Curriculum design, implementation and evaluation

1. Provide a summary of the processes for A) designing, B) implementing and C) periodically evaluating basic science and clinical curricula. Explain how the faculty is involved with the chief academic officers and staff in these three processes.

- **A) Processes for designing basic science and clinical curricula**

Although the mission and general objectives of the SMS are largely regulated by the law (organization of the studies, disciplines taught, time volume) (Appendix 7), the design of the programs, the preparation of course objectives, and instructional and assessment methods remain the responsibility of the School.

On the chronological level, the first two-year curriculum covers the basic medical science. The following three years cover the clinical science and student start their clinical clerkships where they interact with patients under tutor supervision.

➢ *During the first academic cycle*, fundamental sciences are taught by subjects. For example, physiology and anatomy are centered on a teaching by systems and organs of the human body. Biophysics focuses the sets of themes in relation to the medical branches (optics, dynamics of the fluids, radiological physics). Biochemistry includes a first part which puts emphasis on the structural and metabolic bases of the human body and a clinical second part making it possible to

acquire basic notions necessary for a good regulation and interpretation of the biochemical examinations.

The curriculum combines various learning formats that include lectures, laboratory teaching, and tutorial classes. Given the large number of students and the limited number of premises, the main teaching method consists of plenary lectures for the whole class.

Students are involved in practical trainings in the laboratories and tutorial classes in small groups' sessions in order to make observations of biomedical phenomena and to collect, analyze and interpret scientific data. Computer assisted learning is used in only one teaching (some anatomy courses as the module of neuroanatomy and tutorials on osteology of the skeleton).

General concepts of microbiology and immunology are introduced in the second year in plenary lectures. Fundamental sciences, clinical sciences are also introduced since the second year of medical studies, by a multidisciplinary teaching of semiology (equivalent of preceptorship). Since 2014, part of semiology is taught in lecture format and another part by small groups classes to do the simulation using medical tools which were recently acquired by our project of support the quality of higher education (Projet d'Appui à la Qualité de l'enseignement supérieur, 2010-2014) financed by the World Bank. This project helped us to reduce the 135 hours of teaching time of semiology to 100 hours in 2005. Then, from September 2014 we divided this number of hours into 60 hours in the form of lectures and 40 hours by small group classes. The choice of this teaching approach in a blended form was made for educational reasons (School believes in efficiency to combine the lecture format and work in small groups) and also because of a limited number of premises. In addition, teaching of semiology is supported by a clinical clerkship at the rate of two half-days per week during the second semester of the second year.

From the second academic cycle and during three clinical years, teaching is organized either by discipline or by integrated certificate. The disciplines comprise sciences of clinical biology like microbiology, hematobiology, pathology and general pharmacology. These disciplines are taught in the form of lectures and practical training in the lab (except the pharmacology). Since 2012, the extent of the practical training in the lab was reduced by 70% and was replaced by clinical immersion training courses in the hospital departments corresponding to these disciplines. This decrease in teaching time is within the framework of PAQ project mentioned above.

The study of specific pathologies is organized in the form of multidisciplinary, integrated courses regrouping several disciplines around a central theme (example: study of the musculoskeletal system comprises orthopedic, rheumatology and physical therapy, study of the nervous system groups neurology, neurosurgery and psychiatry). Transversal branches like radiology and pathology are integrated in the various certificates. A teaching of therapeutics is multidisciplinary, taught in the form of lectures and of an integrated teaching by small group classes.
The criteria to choose items are:
-Prevalence
-Medical intervention
-Emergency
-Severity
-Pedagogic Exemplarity
-Social repercussion.

In parallel to the theoretical teaching, students have patient contact appropriate to their level of education. The clinical training covers a broad spectrum of clinical

disciplines. Students are not allowed to participate in patient care during these three years. The principal goals of clinical training are to acquire experience in primary care and sufficient clinical skills including medical history, physical examination, clinical procedures and investigations. All these activities must be supervised by their in charge tutors.

The fourth clinical year aims to link undergraduate medical education with medical practice and the health care system. During this year, students are involved in direct patients care. They admit patients, write clinical record of patients, make full physical examination, request investigations and start management. All these activities must be supervised by their in charge tutor.

- **B) Processes for implementation basic science and clinical curricula**

The academic year is twenty eight weeks (14 weeks per semester) starting in September and is semester-based. All courses are obligatory and there are no optional ones.

The planning and organization of the curriculum and the assessment are under the responsibility of the Vice-Dean, Director of Academic Affairs who reports directly to the Dean. The Vice-Dean is assisted by two teachers, one for each academic cycle. The global educational program objectives are used as a guide for specific course and class objectives planning and the student's evaluation. The program of each discipline and its specific objectives (indexed in appendix 20 and on the Web site of the School: www.medecinesfax.org/fra/pages/64/enseignement-de-base) are fixed by the discipline head, after consulting the members of his team. Meetings between the Vice-Dean, Director of Academic Affairs, the Dean and the heads of disciplines take place at the beginning of each semester and whenever it seemed to be necessary.

At the beginning of each period, the timetable is conceived by the Vice-Dean, Director of Academic Affairs in compliance with the curriculum and the extent of each graduate level with the approval of the heads of disciplines. For each discipline, the name lists and the contents of the courses of each period are brought up-to-date before the start of the courses by the discipline head and given to the teachers involved in the discipline. A program including the list of the courses to be taught, their date and the schedule as well as the involved teacher for each course are then communicated to the Vice-Dean in order to be displayed to the students at the beginning of each period. As they are achieved, schedules are weekly posted for the students.

The caretaker of each lecture theater draws up a daily report about the taught courses. This report is given to the academic affairs department.

The practical training in the lab and tutorials are hold in the School in the laboratories of the various disciplines of basic sciences according to a program established in agreement between the Vice-Dean, and the discipline head. The students are divided into small groups at the beginning of the academic year.

Furthermore, clinical clerkships are introduced from the first year of SMS in order to learn nursing (like intravenous access, suturing) by a five or six- week training period. This training includes 15 days in the simulation laboratory then three or four-week clerkship within the hospital departments. During the second year, the students spend nine weeks (two mornings per week) rotating between all the specialties taught within the framework of the semiology to train them on physical examination.

The clerkship of the third, fourth and fifth year of the medical curriculum are divided as blocks of weeks. Each student makes rotations from 1 to 9 week period in various clinical departments. These training courses are carried out in parallel with the disciplines taught during the year of study allowing students to have

contacts with patients. This training is devoted to patient related activities like in-patients and out-patients rounds, Emergency Rooms and observation in the Surgical Unit under tutor supervision.

After passing the fifth year exam, they must spend two years (according to the previous regime) divided in six periods of four months each in Pediatrics, Obstetrics and Gynecology, Surgical specialties, Medical specialties, Community Medicine and a group of other specialties. With the new reform, the internship consists of three periods of four months including:

- Pediatrics or obstetrics and gynecology
- Surgical specialties
- Medical specialties.

The third academic cycle is devoted to the specific practical training program of Family Medicine. During two years, the students spend the first year rotating between specialties in Sfax university hospitals and the second year in community based facilities for primary care and health care. Among the internships that have to be carried out, two are obligatory: Emergency and Psychiatry. By implementation of family medicine, training in general practitioner's office will be planned. Simultaneously, the students receive a theoretical training by regular seminars in medicine to provide learning in more complex clinical contexts that cross disciplines and advance previous learning.

At any level of studies, the clinical instruction is made by regular senior rounds, discussing clinical cases with professors, attending consultation for ambulatory patients and attending operating theatres for surgical procedures.

The planning and the organization of clinical training and internships are under the responsibility of the Director of Clinical Affairs, the internships director and the Committee of the Internships. Within each clinical department, students are supervised by the in charge tutor who is responsible for the presence of the

students, their distribution between the various teachers and their clinical instruction. Each student has a checklist with detailed activities and procedures to be fulfilled and signed by the in charge tutor. The coordination between the School and the hospital is insured by the hospital coordinator.

Teaching times are almost in the morning in the preclinical years (two first years). The practical activities in the lab are made in the afternoons.

In the clinical years, teaching courses are usually in the afternoon while patient related activities, are performed in the morning and on the duties.

- **C) Processes for regular evaluation basic science and clinical curricula**

Students of each academic level are evaluated by a final assessment which comprises two exam sessions, the main session (at the end of each semester) and the resit session at the end of the academic year.

The date of the two main sessions is fixed at the beginning of the academic year by the Dean after approval of the Scientific Council. The resit session has to take place one week at least and four weeks at the latest after the proclamation of the results. The students are informed at the beginning of the academic year on the periods of exams.

To have a good process of competency assessment of the students and to have adequate training for all staff involved in the assessment, the Pedagogic Committee organizes each year several workshops for staff members with the aim of training them on various methods of assessment. Evaluation of students in both pre-clerkship and clerkship is effective and based upon an extensive framework of evaluations (summative and formative). The methods used of summative exam are simple or multiple choice, short answer, general written assay, practical lab and problem solving exams. Formative assessment within the clerkship is accomplished

in all clinical rotations by the assiduity and participation of the students, completion of the checklist of clerkship goals, objectives and by OSCE (objectively structured clinical exam) at the end of each session during the second preclinical year and the four clinical years (second academic cycle).

Students must succeed in both summative and formative exams to move to the next level of the curriculum.

Concerning the disciplines which are taught both in lectures format and practical training in lab, marks allocated to final written of discipline which constitutes 80% of the total marks, whereas the practical training exam is given 20% of the total marks. The modalities and the duration of the practical training exam are fixed by the head of discipline.

During the two preclinical years, the failed student should only redo the disciplines where he obtained a mark lower than 10/20. During the three clinical years, the failed student must redo the disciplines and certificates where he gets less than 10/20 with possibility to move to the next Academic level if he has only one credit. The passage from preclinical to clinical years is determined by the success in all the theoretical and practical examinations of the current cycle (Appendix 7). Whatever the level of studies, failed students redo and valid again the clerkship training even if they were before validated.

The summative exams are under the responsibility of the head of each discipline who defines the policy and applies it in his discipline. The supervision of the assessment processes is to the responsibility of the teacher chosen by the Scientific Council (the chair of the committee exam) who works under the direction of the Vice-Dean, Director of Academic Affairs. He coordinates the collection of exam questions with the head of discipline, oversees the entering marks, and organizes the deliberations of the examination boards and the posting of the marks bearing in

mind that results are displayed within a month of final examinations. Ultimately, he organizes the checking of the exam sheets for the students whenever they request.
The OSCE are organized and carried out by a commission. The sessions of exams are planned by this committee. The production of stations is assured by the teachers of various specialties by taking into account specific objectives of every level of studies. OSCE stations are finally validated by this commission.

2. How is the quality of a program determined

Up to now, there has been no process to evaluate the program at the Medical School. In fact, the actual situation is that the heads of disciplines have the autonomy to define their course contents, learning and assessment methods within the time frame defined by the School regulations and give feedback directly to the School Council. However, it was only in March 2015 that a Medical Curriculum Committee was set up. This independent committee is chaired by the Vice-Dean for the Academic Affairs with some professors, a non-academic general physician, experts (the two previous Deans) and students. Its mission is to:

- Review and update all the SMS educational objectives in order to align them with the goals of family medicine (Complaint-based approach). The Curriculum Committee has to formulate recommendations concerning curricular changes which will be submitted to the School Council.
- Supervise the curriculum design, implementation, teaching approach and assessment methods by taking account of the feedback of the students and the evaluation of teaching at the end of the year by the students and the teachers.
- Improve communication between the various curriculum content providers allowing a coherent curriculum structure.

- Ensure a homogeneous coherent educational program without redundancies that helps the students to acquire the necessary skills at the end of the medical studies.

The evaluation of the practical performance of the students relates currently only to the OSCE. The data analysis of the exam is ensured by the Committee of Docimology created in 2014. These data will enable us to adjust the organization and the contents of the training courses but also the quality of the exams themselves.

In addition, the School obtained the ISO 9001/2008 certification for the organization of exams from test collection passing by the final deliberation to the posting of results in May 2014.

Although the School will start in 2015-2016 its own evaluation of quality of its teaching program, it underwent, on its request, two external evaluations conducted by the CIDMEF. The first evaluation took place in November 2000 then a visit of follow-up of this evaluation in 2004. Following this visit, actions were taken by the School leading to the national reform of the medical studies. All the remarks that had been written in the CIDMEF report were taken into consideration thus, the School took the following review measures concerning

• Theoretical teaching:

- The revision of the registration status in October 2005 (Appendix 7)

- The reduction of the number of teaching hours and the introduction of tutorial classes in the teaching of semiology like already mentioned as well as a clinical clerkship at a rate of two mornings per week.

- A decrease in the framework of project PAQ, of approximately 70% of the time volume dedicated to the Practical class for the first three years of medical studies

since 2011. The time volume removed has been replaced by a clinical clerkship in the hospital laboratories in the first year of the second cycle since 2012.

- An improvement of the production of the lecture notes. At present, approximately 70% of the courses exist in a handout forms comprising the specific educational objectives.

- Pedagogy seminars for the new assistant professors which are compulsory since 2014-2015, in order to improve their teaching quality.

• Practical teaching:

Significant efforts have been made to restructure rotations, revise contents and delivery to improve clinical training of students:

- Updating all clerkship checklist of every level of medical studies in 2007.

- A reform of the clerkship was introduced in September 2014 in order to allow all students to go through all the clinical departments according to the disciplines taught during their levels of study. Tutorial classes during the clerkships were initiated in 2013/2014 in order to support the clinical reasoning learning.

- An evaluation of knowledge and practical skills of the students by trans-disciplinary OSCE that was generalized in 2014-2015.

•For lifelong learning:

The School ensures the sustainability of the professional development and medical education of the physicians by developing programs designed to meet the needs of the physicians:

- Through seminars and training program organized by the Continuing Medical Education Committee often with the collaboration of scientific societies.

- Through 23 Master's degrees and diplomas of which some are in collaboration with French faculties. Some of these Master's degrees and diplomas are taught entirely or partly by using e-learning.

- The School takes part in a mother-child project with the School of Medicine of Grenoble (France). It created inter-University diplomas in collaboration with the French faculty (Diplomas of Obstetric Echography, and of Vaccinology) in 2008. The SMS also collaborated with WHO and the UNICEF in 2009 for the teaching of the Integrated Management of Childhood Illness (IMCI) in order to improve child health care.
- The SMS also collaborated with the Medical College of Grenoble and the virtual university of Tunisia since 2010 for the implementation of the Information Technology and Internet Certificate level 2 (C2i) for the health occupations.

3. Describe plans for any major modification of the present curriculum

Prior to the CIDMEF evaluation, the curriculum was adjusted punctually. In order to meet the international standards (curriculum of family medicine), the SMS plan is the follow:
- Until October, 2016: Preparing the implementation of the Complaint-based approach.
- October 2016 – June 2018: Progressive application of the Complaint-based approach.

4. Provide copies of the forms used for course and clinical evaluation.

N/A

Commentaire [LA3]: Do you have the form mentioned in 5 below ?

Commentaire [u4]: This form is under the last validation by the Dean.
Dead line the 15 December.

5. How does faculty in designing courses, clinical clerkships and student evaluation use that information.

Since the evaluation will be initiated in October 2016, its outcome information will be considered in the future in designing courses, clinical clerkships and the student evaluation.

B2 Standard- Program structure

1. Program length for each and every program:

A. The total length of the program in weeks: 140 weeks for the teaching courses

B. Weeks in the first year: 28 weeks

C. Weeks in the second year: 28 weeks

D. Weeks in the third year: 28 weeks

E. Weeks in the fourth year: 28 weeks

F. Weeks in the fifth year: 28 weeks

The content of the educational program required of all students in the undergraduate medical program is detailed in the appendix 21.

SUBJECT	YEAR					LOCATION	CLOCK HOURS		
	1	2	3	4	5		LAB	TUTORIAL	LECTURE
ANATOMY									
Microscopic	X					lecture theatre	14		24
		X				lecture theatre	14		30
Gross	X					lecture theatre	20		80
		X				lecture theatre	10		26
Neuro		X				lecture theatre	10		34
Embryology	X					lecture theatre			10
		X				lecture theatre			10
BIOCHEMISTRY	X					lecture theatre	12	22	82
		X				lecture theatre	8	10	46
NUTRITION[1]									
PHYSIOLOGY	X					lecture theatre			84
		X				lecture theatre	8		68
BIOPHYSICS	X					lecture theatre	6	10	68
		X				lecture theatre	6	12	44
EPIDEMIOLOGY[2]									
BIOSTATISTICS			X			lecture theatre			30
BEHAVIORAL SCIENCE[3]									
PATHOLOGY									
GENERAL			X			lecture theatre	8		24
SPECIAL			X	X	X	lecture theatre			33
PATHOPHYSIOLOGY[4]									
MICROBIOLOGY		X				lecture theatre			18
			X			lecture theatre	8		48
PHARMACOLOGY			X			lecture theatre			38
				X		lecture theatre			72
TOXICOLOGY[5]									4
PUBLIC HEALTH[6]									
PREVENTIVE MEDECINE					X	lecture theatre			44
MEDICAL JURISPRUDENCE					X	lecture theatre			28
MEDICAL RIGHT					X				28
HUMAN RIGHT					X				8
HUMAN SEXUALITY[7]									
ALCOHOLISM[8]									
DRUG ABUSE[9]									
COST CONTAINMENT									

ENVIRONMENTAL MEDICINE									
SEMIOLOGY [10]: INTRO TO CLINICAL MEDECINE INTRO TO PSHYCHIATRY PHYSICAL DIAGNOSIS CLINICAL DIAGNOSIS CLINICAL CORRELATION		X				lecture theatre		32	86
CLINICAL PATHOLOGY CONFRENCES									
PARASITOLOGY MYCOLOGY			X			lecture theatre	8		30
PHYLOSOPHY OF MEDICAL SCIENCES			X			lecture theatre			16
IMMUNOLOGY		X				lecture theatre			30
IMMUNOPATHOLOGY					X	lecture theatre			16
CELLULAR BIOLOGY	X					lecture theatre			20
BIOLOGICAL HAEMATOLOGY			X			lecture theatre	4		20
GENETICS	X					lecture theatre		10	22
				X		lecture theatre			24
HUMAN AND SOCIAL SCIENCES[11]	X					lecture theatre			32
COMPUTER SCIENCE	X					computer room	40		4
MEDICAL ENGLISH	X					Classroom		40	
		X				Classroom		40	
			X			Classroom		40	
				X		Classroom		40	
					X	Classroom		40	

1-Nutrition is a part of the endocrinology.

2- Epidemiology is included in the preventive medicine course.

3- Behavioral science is included in the psychiatric course and Human- social science course.

4- Pathophysiology of different diseases is taught by the School as a part of any disease management plan.

5- Toxicology is included in medical jurisprudence.

6-Public health is included in preventive medicine.

7- For human sexuality, an introduction to andrology is taught as a part of the urology.

8- Alcoholism is included in preventive medicine.

9- Drug abuse is included in medical jurisprudence.

10- Introduction to clinical medicine and psychiatry, physical and clinical diagnosis and clinical correlation are included in the semiology courses.

11- Human- social sciences include psychology, psychosociology, medical ethics and the history of medicine.

CLINICAL INSTRUCTION PROGRAM.

CLINICAL INSTRUCTION INVOLVING PATIENTS		**CLOCK HOURS OF LECTURE**	**LOCATION OF INSTRUCTION**	**WEEKS**
INTERNAL MEDICINE	Oncology	26 H	Lecture theatre	13 weeks
	Infectiology	48H	Lecture theatre	15 weeks
	Hematology	32H	Lecture theatre	16 weeks
	Nephrology	24H	Lecture theatre	13 weeks
	Pneumology	32H	Lecture theatre	9 weeks
	Gastroenterology	20H	Lecture theatre	10 weeks
	Cardiology	28H	Lecture theatre	14 weeks
		4H	Classroom	2 weeks
	Rheumatology	21H	Lecture theatre	10 weeks
	Endocrinology	51H	Lecture theatre	13 weeks
		2H	Classroom	1 week
	Internal medicine and geriatrics	38H	Lecture theatre	10 weeks
NEUROLOGY		34H	Lecture theatre	10 weeks
DERMATOLOGY		24H	Lecture theatre	6 weeks
RADIOLOGY		97H	Lecture theatre	33 weeks
FAMILY MEDICINE		No	-	-
COMMUNITY AND PUBLIC HEALTH MEDICINE		26H	Lecture theatre	6 weeks
PEDIATRICS		61H	Lecture theatre	13 weeks
PSYCHIATRY		24H	Lecture theatre	12 weeks
		4H	Classroom	2 weeks
GYNECOLOGY/OBSTETRICS		50H	Lecture theatre	14 weeks
PHYSICAL MEDICINE AND REHABILITATION		17H	Lecture theatre	7 weeks
GENERAL SURGERY		28H	Lecture theatre	9 weeks
ANESTHESIOLOGY		4H	Lecture theatre	1 week
OPHTHALMOLOGY		20H	Lecture theatre	10 weeks
UROLOGY		18H	Lecture theatre	12 weeks
PLASTIC SURGERY		2H	Lecture theatre	1 week
NEUROSURGERY		7H	Lecture theatre	4 weeks
ORTHOPEDIC SURGERY		25H	Lecture theatre	11 weeks
EMERGENCY MEDICINE		9H	Lecture theatre	5 weeks

	20H	Classroom	10 weeks
PRECEPTORSHIP *			
AMBULATORY MEDICINE	No	-	-
THORACIC SURGERY	2H	Lecture theatre	1 week
CARDIO VASCULAR SURGERY	6H	Lecture theatre	4 weeks
OCCUPATIONAL MEDECINE	48H	Lecture theatre	13 weeks

* Preceptorship is teaching in clinical training (144 hours, 11 weeks).

Complete the Clinical Clerkship table below:

In the appendixes 19, 22, 23, 24 and 25, there are checklists of clerkship goals with detailed activities and procedures to be fulfilled during the training period and signed by the in charge tutor or/and teachers.

Location	**Level of education**	**Length (weeks)**	**Number of students**	**Subjects covered**
SMS (PAQ rooms) and higher institute of nurse sciences of Sfax	1st PCY	2 (6 days/week) in June.	Groups of 30 to 40	Current nursing practice (check list of clerkship goals Fst PCY, Appendix 19)
Habib Bourguiba and Hedi Chaker University Hospitals departments (HBUH and HCUH) (9 surgical department and 9 medical departments)	1st PCY	2 (6 days/week) in July	Groups of 10 to 30/depart -ment	Current nursing practice (check list of clerkship goals Fst PCY, Appendix 19)
HCUH infectious diseases department	2nd PCY	1 (2 days/week)	22	Interrogation and physical examination of a healthy person (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Internal medicine department	2nd PCY	1 (2 days/week)	22	Interrogation and physical examination of a healthy person (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Cardiology	2nd PCY	1 (2 days/week)	22	Cardiology semiology

department				(check list of clerkship goals Snd PCY, Appendix 22)
HCUH Pneumology department	2nd PCY	1 (1 day/week)	22	Pneumology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Dermatology department	2nd PCY	1 (1 day/week)	22	Dermatology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Endocrinology department	2nd PCY	1 (1 day/week)	22	Endocrinology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Gastro enterology department	2nd PCY	1 (1 day/week)	22	Gastro enterology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Hematology department	2nd PCY	1 (1day/week, saturday)	22	Hematology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Nephrology department	2nd PCY	1 (1day/week)	22	Nephrology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Psychiatry department A	2nd PCY	1 (1 day/week)	22	Psychiatry semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Psychiatry department B	2nd PCY	1 (1 day/week)	22	Psychiatry semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Rheumatology department	2nd PCY	1 (1 day/week)	22	Rhumatology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH Neurology department	2nd PCY	1 (2 days/week)	22	Neurology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH ENT department	2nd PCY	1 (1 day/week)	22	ENT semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH Ophtalmology department	2nd PCY	1 (1 day/week)	22	Ophtalmology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH General Surgical department	2nd PCY	1 (2 days/week)	22	General Surgical semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH Orthopedics department	2nd PCY	1 (2 days/week)	22	Orthopedics semiology (check list of clerkship goals Snd PCY, Appendix 1b)

HBUH Urology department	2nd PCY	1 (2 days/week)	22	Urology semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH Neuro surgical department	2nd PCY	1 (1 day/week)	22	Neurosurgical semiology (check list of clerkship goals Snd PCY, Appendix 22)
HBUH Cardiovascular and thoracic surgery department	2nd PCY	1 (1 day/week)	22	Cardiovascular and thoracic semiology (check list of clerkship goals Snd PCY, Appendix 22)
HCUH Gastroenterology department	1st CY (Appendix 26)	4 and ½ (5 days /week)	40	Gastroenterology pathologies (check list of clerkship goals Fst CY, Appendix 23)
HBUH General Surgery department	1st CY (Appendix 26)	4 and ½ (5 days/week)	39	General surgical pathology (check list of clerkship goals Fst CY, Appendix 23)
HCUH Cardiology department	1st CY (Appendix 26)	9 (5 days/week)	79	Cardiology pathologies (check list of clerkship goals Fst CY, Appendix 23)
HBUH Thoracic and Cardio vascular surgery department	1st CY (Appendix 26)	3 (5 days/week)	40	Thoracic and Cardio vascular surgery pathologies (check list of clerkship goals Fst CY, Appendix 23)
HCUH Pneumology department	1st CY (Appendix 26)	6 (5 days/week)	39	Respiratory pathologies (check list of clerkship goals Fst CY, Appendix 23)
HCUH Pediatrics department	1st CY (Appendix 26)	3 (5 days/week)	25	Pediatrics pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Pediatric emergency and intensive care department	1stCY (Appendix 26)	3 (5 days/week)	25	Pediatrics pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Neonatology department	2nd CY (Appendix 26)	1 and ½ (5 days/week)	12	Neonatology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Pediatric surgery department	2nd CY (Appendix 26)	1 and ½ (5 days/week)	12	Pediatric surgery pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Obstetrics and gynecology department	2nd CY (Appendix 26)	9 (5 days/week)	74	Obstetrics and gynecology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Infectious	2nd CY	3 (5 days/week)	25	Infectious diseases

diseases department	(Appendix 26)			(check list of clerkship goals Snd CY, Appendix 24)
HCUH Hematology department	2nd CY (Appendix 26)	3 (5 days/week)	25	Hematology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Endocrinology department	2nd CY (Appendix 26)	3 (5 days/week)	25	Endocrinology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Nephrology department	2nd CY (Appendix 26)	2 (5 days/week)	19	Nephrology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HBUH Urology department	2nd CY (Appendix 26)	2 (5 days/week)	19	Urology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Rheumatology department	2nd CY (Appendix 26)	2 (5 days/week)	18	Rheumatology pathologies (check list of clerkship goals Snd CY, Appendix 24)
HBUH Orthopedics department	2nd CY (Appendix 26)	2 (5 days/week)	19	Orthopedics pathologies (check list of clerkship goals Snd CY, Appendix 24)
HCUH Psychiatry A department	3rd CY (Appendix 26)	3 (5 days/week)	12	Psychiatry pathologies (check list of clerkship goals Thrd CY, Appendix 1e)
HCUH Psychiatry B department	3rd CY(appendix 26)	3 (5 days/week)	12	Psychiatry pathologies (check list of clerkship goals Thrd CY, Appendix 25)
HCUH Psychiatry C department	3rd CY (Appendix 26)	3 (5 days/week)	12	Psychiatry pathologies (check list of clerkship goals Thrd CY, Appendix 25)
HCUH Child psychiatry department	3rd CY (Appendix 26)	3 (5 days/week)	12	Child psychiatry pathologies (check list of clerkship goals Thrd CY, Appendix 25)
HCUH Radiology department	3rd CY (Appendix 26)	3 (5 days/week)	10	Radiology semiology and exams (check list of clerkship goals Thrd CY, Appendix 25)
HBUH Radiology department	3rd CY (Appendix 26)	3 (5 days/week)	10	Radiology semiology and exams (check list of clerkship goals Thrd CY, Appendix 25)
HBUH Neurology department	3rd CY (Appendix 26)	3 (5 days/week)	15	Neurology pathology (check list of clerkship goals Thrd CY, Appendix 25)
HCUH Internal Medicine department	3rd CY (Appendix 26)	3 (5 days/week)	15	Internal Medecine pathologies (check list of clerkship goals

				Th[rd] CY, Appendix 25)
HBUH Neurosurgery department	3[rd] CY (Appendix 26)	1 and ½ (5 days/week)	14	Neurosurgery and neurology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HCUH Pediatric neurology department	3[rd] CY (Appendix 26)	1 and ½ (5 days/week)	14	Pediatric neurology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HCUH Dermatology department	3[rd] CY (Appendix 26)	3 (5 days/week)	18	Dermatology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH Oncology department	3[rd] CY (Appendix 26)	3 (5 days/week)	19	Oncology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH Radiotherapy department	3[rd] CY (Appendix 26)	3 (5 days/week)	19	Oncology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH ENT surgery department	3[rd] CY (Appendix 26)	1 (5 days/week)	7	ENT pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH Ophthalmology department	3[rd] CY (Appendix 26)	1 (5 days/week)	7	Ophthalmology pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH Maxillofacial surgery department	3[rd] CY (Appendix 26)	1 (5 days/week)	7	maxillofacial surgery pathologies (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH Emergency department	3[rd] CY (Appendix 26)	3 (5 days/week)	18	Intensive Care (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH medical Intensive Care Unit	3[rd] CY (Appendix 26)	4 (5 days/week)	19	Intensive Care (check list of clerkship goals Th[rd] CY, Appendix25)
HBUH surgical Intensive Care Unit	3[rd] CY (Appendix 26)	4 (5 days/week)	19	Intensive Care (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH UAS department	3[rd] CY (Appendix 26)	1 and ½ (5 days/week)	18	Intensive Care (check list of clerkship goals Th[rd] CY, appendix 25)
HBUH Forensic department	3[rd] CY (Appendix 26)	1 and ½ (5 days/week)	18	Forensic medecine (check list of clerkship goals Th[rd] CY, Appendix 25)
HBUH occupational medicine	3[rd] CY (Appendix 26)	3 days during forensic department training course	18	Forensic medecine (check list of clerkship goals Th[rd] CY, Appendix 25)

g. How does faculty retain control of the academic program at each of its clinical sites?

The SMS manages the appointment of the interns and clerkship students in the various clinical sites (departments) and transmits the listing of the trainees to the various department heads as well as the objectives of training goals in a check list. The tutor of the training courses of the corresponding department and the level of education establish the training program and the distribution of the students in the various sectors and the schedule of the guards.. The tutor follows the diligence of the students and delivers at the end of training course a form of validation cosigned with the department head (Appendix 37).

Commentaire [LA5]: guards ??

However, the School does not receive any information concerning this training; everything is managed by the department head, the tutor and the administration of the hospital. Thus, it does not have the means to control the university program in the clinical sites except for the form of validation of training course of every student (Appendix 37).

h. Describe the methods of evaluating student performance, standardizing and maintaining quality of training across various clinical sites to provide consistency and insure validity.

As for the clinical training, in addition to our primary sites at HBUH and HCUH, few students also rotate in other hospitals located in the south of Tunisia (RHMah, RHJ, RHK, RHG, RHMed). The Director of Clinical Affairs is the first responsible for clinical training at each of clinical departments but there are many Hospital coordinators and Clinical Training tutors. Furthermore, all physicians are involved in medical student education and these medical students are supervised at all times during their clinical experiences. There are specific educational goals for each

clinical training and for every level for students. Each student has a checklist with detailed activities and procedures to be fulfilled during the round and signed by his supervisor. The student performance on clinical training requirements is evaluated in the same conditions by OSCE. There are many meetings between the Dean, the Director of Clinical Affairs, the tutors and the students to have feedback and to identify training needs and change training priorities if necessary. Unfortunately, the School doesn't have external measures of student performance to show the achievement of the School objectives.

i. Re question g above, identify by name and title the duties of those responsible to insure compliance.

There is no person in charge to insure compliance.

j. Describe how clinical instruction and experience in patient care is provided in both ambulatory and hospital settings.

During their training courses of clerkship and internship, students pass the various sectors of the department: sector of hospitalization where they take care of the in-patients and the sector of external consultation (and day hospital in some departments) to take care of the ambulatory patients.

k. How does the school insure that clinical instruction covers all organ systems, including preventative, continuing and rehabilitative care?

The academic program in the SMS covers all medical and surgical specialties, preventive medicine and rehabilitation. Training courses cover the majority of specialties taught among all systems. In every clinical site of a training course, there are objectives to be validated which contain preventative measures and rehabilitation in every pathology (Appendixes 23, 24 and 25). There is no separate

Commentaire [LA6]: is this what you meant ?

training course in Preventive Medicine or Rehabilitation during clerkships but during the internship some students pass by through the Departments of Community Medicine or Physical Medicine and Rehabilitation.

l. Describe (1) The specific competencies expected of each graduate,
(2) The institutional objective related to each competency, and
(3) The outcome measures used to determine achievement of those objectives.

There is no precise profile of competencies for every graduate. However, the academic program and the clinical training courses cover objectives of a family doctor .The evaluation of the theoretical learning by written exams and the practical learning by practical tests OSCE. The condition of passage of one year to another is conditioned by the validation of the theoretical modules and practical tests.

The thesis defense to obtain the graduate is allowed only in case of the validation and the success in all the theoretical and practical examinations of preclinical, clerkship and the validation of all the internships training courses and the success in 4 practical examinations internship: Medical, Surgical, Paediatrics and Gynecology and Obstetrics.

Standard B 3 - <u>Faculty</u>

Complete the tables below regarding the number of medical school members in each department. Residents and fellows should not be included unless actually having faculty appointments. When a single individual holds several appointments, list the individual only once, in the department of major appointment. The Total Full time column should equal the total number of full time positions in each department. (Use the most recent data available.)

- **BASIC SCIENCE DEPARTMENTS**

DEPARTMENT	FULL-TIME					PART TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL TIME		
ANATOMY	2	1	0	0	3	29	
BIOCHEMISTRY	1	2	5	1	9	12	
MICROBIOLOGY	3	4	1	1	9	0	
PATHOLOGY	3	3	5	0	11	5	
PHARMACOLOGY	3	3	3	0	9	0	
PHYSIOLOGY	0	1	2	0	3	8	
HISTOLOGY	3	2	2	0	7	8	
BIOPHYSICS	1	3	3	0	7	12	
IMMUNOLOGY	1	2	2	0	5	0	
PRASITOLOGY	2	3	1	0	6	16	
HEMATOBIOLOGY	1	2	4	0	7	0	
GENETIC	0	2	2	1	5	0	
TOTALS	**20**	**28**	**30**	**3**	**81**	**90**	

- **CLINICAL DEPARTMENTS**

DEPARTMENT	FULL-TIME					PART TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL TIME		
ANESTHESIOLOGY	2	3	7	0	12		
CARDIOLOGY	2	2	7	0	11		
CLINIC HEMATOLOGY	2	3	4	0	9		
DERMATOLOGY	2	3	1	0	6		
ENDOCRINOLOGY	3	2	1	0	6		
FACIAL SURGERY	3	1	2	0	6		
FAMILY MEDICINE	0	0	0	0	0		
FORENSIC MEDECINE	2	2	1	0	5		
GASTROENTEROLOGY	1	2	4	0	7		
GYNECOLOGY+ OBSTETRICS	0	2	7	0	9		
INFECTIOLOGY	2	3	2	0	7		
INTERNAL MEDICINE	1	1	6	0	8		
NEPHROLOGY	3	4	3	0	10		
NEUROLOGY	2	4	5	0	11		
NEUROSURGERY	1	0	3	0	4		
ONCOLOGY	2	4	9	0	15		
OPHTHALMOLOGY	2	1	6	0	9		
ORTHOPEDICS	2	6	10	0	18		
ENT	2	2	5	0	9		
PEDIATRICS	5	5	12	0	22		
PHYSICAL MEDICINE	1	2	2	0	5		
PNEUMOLOGY	2	3	6	0	11		
PREVENTIVE	2	2	1	0	5		
PSYCHIATRY	6	5	14	0	25		
PUBLIC HEALTH	1	3	1	0	5		
RADIOLOGY	1	4	7	0	12		
REANIMATION	4	4	6	0	14		
RHUMATOLOGY	2	2	0	0	4		
SURGERY (general and pediatric)	4	5	7	0	16		
THORACIC SURGERY	1	2	3	0	6		
UROLOGY	1	2	7	0	10		
TOTALS	**64**	**84**	**149**	**0**	**297**		

C. GRAND TOTALS (BASIC SCIENCE PLUS CLINICAL DEPARTMENTS)

	FULL-TIME					PART TIME (PAID)	VOLUNTEER (UNPAID)
	PROFESOR	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	INSTRUCTOR AND OTHER	TOTAL FULL TIME		
GRAND TOTALS	**84**	**112**	**179**	**3**	**378**		

- **COMPLETE THE TABLE BELOWREGARDING MEDICAL SCHOOL DEPARTMENTS AND CHAIRS.**

DEPARTMENT	CHAIR
SURGERY A	PR MOHAMED BEN AMAR
SURGERY B	PR ZAHER BOUDAWARA
MEDICINE A	PR ZOUHIR BAHLOUL
MEDICINE B	PR CHOKRI MHIRI
COMMUNITY MEDICINE A	Ass. PR. THOURAYA KAMMOUN
COMMUNITY MEDICINE B	Ass. PR. LOBNA ZOUARI
BASIC SCIENCES A	PR FATMA AYADI
BASIC SCIENCES B	PR JALEL GARGOURI

1- Briefly describe how and how often the performance of chairs is reviewed.

The performance of department chairs is not reviewed.

2- How the academic environment provide close interaction among school members, in different disciplines throughout the continuum of medical education.

The School is responsible for the organization of monthly multidisciplinary thematic seminars in different specialties. These meetings are open for private practitioners and academic staff. They are under the responsibility of the Continuing Medical Education Committee.

The School organized six English multidisciplinary meetings since October 2014 (Appendix 27) under the supervision of the English Committee.

Furthermore, multidisciplinary collaboration is illustrated through co-direction of theses, co-authored articles, and integrated certificates.

3- Describe school development activities. Note any obstacles (such as geographic separation) that may impede collaboration and describe how they are mitigated.

- The School of Medicine with the help of its staff strives for a balance in teaching, research, and service functions. There is recognition of meritorious academic activities with an appropriate emphasis on both, research attainment and teaching qualifications.
- The staff policy includes training and development of the teaching staff. It ensures that teaching staff are represented on relevant committees and bodies.
- The School of Medicine supports a long-term promotion of young academic staff.
- The staff has access to on-going education, career development opportunities, and appropriate counselling.
- Annotations:

- The staff members are academic, administrative and technical. The ward functions include clinical duties in health care, administration, leadership functions and IT.
- Recognition of meritorious academic service includes rewards, promotions and/or remuneration (e.g. performance bonus).

Continuing personal development:

The School of Medicine has developed many strategies to enhance the pedagogical, clinical and research skills of its academic staff. MDs are informed about the activities taking place in the School by e-mail or on the official site of the School (http://medecinesfax.org/) and by our newsletter.

Code de champ modifié

The School has set up several committees. Namely:

- The Research Committee: promotion of research activity and the creation of Master's Degree of Medical research.
- The Medical English Committee: to improve the level of the academic staff in English and to facilitate publishing in English journals. French is the official language of the School.
- The Pedagogical Committee: which holds pedagogical seminars for newly hired assistant professors. These seminars are followed by a specific assessment. Moreover, this committee organizes periodic thematic seminars [Objective Structured Clinical Examination (OSCE), learning clinical reasoning, clinical supervision] open for all the assistant and associate professors and professors. Participation in these seminars is strongly recommended by the School and some seminaries are mandatory. Some of these seminars are organized in the regional hospitals.

- The Committee of Tutors: its mission is to help the assistant and associate professors to manage their career and to prepare them for the grade promotion through seminars.
- The Committee of Continuing Medical Education which holds periodic thematic seminars in different specialties. These seminars allow the academic staff to be up to date.
- The Committee of Pedagogical Innovation: whose role is to foster pedagogical innovations and developments through the introduction of the new technologies in teaching protocols.

The School provides courses leading to Master's Degrees and a University Diploma for its academic staff such as: management, pedagogy, research.

Some of these Master's degrees are provided by e-learning (virtual platform: http://www.uemv.net/campus-pu/), such as Adolescentology and Epileptology. This allows to the medical staff from other towns to enrol.

Code de champ modifié

4- What is the process for evaluation review of Department Chairs performance?

There is no process for evaluation review of Department Chair's performance.

5- How are the department budgets determined?

There is no specific budget to departments. The School Dean allocates a budget for the departments intended for the scientific missions abroad.

6- List Faculty Standing Committees and their Chairs. Attach a list of committee member for each committee.

STANDING COMMITTEE NAMES	CHAIR/ MEMBER
Clinical training Committee	Mohamed Zribi/Afef Khanfir
Committee of programs	Hela Karray
Committee of OSCE (objective Structured clinical evaluation)	Nadia Hmida
Committee of Docimology	Najmeddine Hentati/ Hela Mnif
Committee of exam	Najmeddine Affes
Research committee	Faiçal Jarraya
Pedagogic Committee	Imed Gargouri/Najmeddine Hentati
Continuous medical education committee	Madiha Mseddi/ Khalil Ennouri
Simulation committee	Jalel Gargouri/ Dorra Abid
Committee of thesis	Tarak Rebai/Thouraya Kammoun
Committee of pedagogic innovation	Boussayma Hammami/Nozha Chakroun
Committee of tutors	Hassen Kanoun/ Sameh Ghroubi
Committee of Masters and Universitary Diploma	Habib Elleuch/Karim Rekik
English committee	Mohamed Jallouli/ Basma Mnif
Student support Committee	Jawaher Masmoudi/Jihene Aloulou
Committee of the webmaster	Mondher Kassis/Moez Trigui
Committee of sport activities	Khalil Chtourou/ Ali Amouri
Committee for theses preparation	Lobna Zouari/Lamia Feki
Committee of clinical immersion	Chakib Marrekchi/Leila Abid
Committee of Nursing training course	Sameh Msaad/Sameh Marzouk
Committee of research projects funding	Mohamed Jallouli/ Abir Znazen
Experimental surgery committee	Hassib Keskes/ Zoubir Ellouze
Family medicine committee	Samy Kammoun
Committee of toxics	Med Larbi Masmoudi/Fatma Cheikhrouhou
Accreditation oversight committee	Mohamed Jallouli/ Sourour Neji
Committee of library	Fatma Ayadi/Saida Masmoudi

Committee of residency preparation	Ali Ghorbel/Bassem Abid
Committee of partnership	Abdelmajid Khabir/Naoufal Haddad
Committee of the school newsletter	Lobna Ayadi
Committee of the evaluation	Adnane Hammami
Committee of ethics	Khaled Zeghal

7- What is the faculty/student ratio?

The faculty/student ratio= 1736/387= 4.48.

8- How are faculty members recruited?

The School of Medicine defines staff selection criteria taking into account their performance in science, teaching and clinical activities. The MH and MHESR fix quotas for each School of Medicine according to the School request. Candidates who succeed the nationwide competition (which take place every year) are recruited. This nationwide competition is based on an evaluation grid which was established by the four Schools of Medicine so that the jury can select objectively. The recruitment policy for academic personnel is published in the Official journal of the Republic of Tunisia (Appendixes28 and 29).

9- Provide a copy of each policy governing faculty (a) Recruitment, (b) Appointment, (c) Promotion, (D) Tenure, (E) Student and administration evaluations, and (f) Discipline.

a,b,c) The process of recruitment, appointment and promotion follow the same steps detailed above.

d) School members are under the authority of the MH which is responsible for the termination of the School members after the proposition of the institution (Appendix 28).

e) Student evaluation is regulated by the law (Appendix 7). Administration evaluation is under the responsibility of the university.

f) Discipline: the students sign a chart (Appendix30).

Standard B4-Students (Field: Students)

Standard B4a Admission / Selection (Admission conditions and Selection process)

1. Identify the individuals holding the positions listed below.

A. Chair of the Admissions Committee: this position does not exist at the School of Medicine of Sfax.

B. Administrative officers of the admissions program does not exist.

2. Outline and briefly describe the process of selecting the entering class of medical students beginning with receipt of the application forms and ending with enrolment of the class. Cite all criteria for selection, noting the major ones, including cognitive, non-cognitive, personal health and other information about the applicant.

There is a student selection method (health examination after the orientation of students at the School of Medicine is done prior to their enrollment in the 1st year).

3. How are student selection criteria determined?

Students are directed to the School of Medicine of Sfax by the national Office of Student Affairs (MHESR) according to the overall average grade in Baccalaureate and their bachelor's degree. The medical school is not involved in the student selection process. Generally, the students with the highest score in Baccalaureate choose faculties of Medicine.

The foreign students are also directed by the MHESR and its Office of Student Affairs.

4. Does the faculty determine student selection criteria?

The School determines no selection criteria of its students. The selection criteria are indicated in the guidance brochure published each academic year by the MHESR and based upon a score.

5. Are the student selection criteria published and promulgated to faculty, applicants, staff and others?

The selection criteria are indicated in the guidance document published each academic year by the MHESR.

6. Is applicant's financial ability one of the criteria? Explain.

Financial applicant's ability is not applicable because SMS is a public institution with low fee admission (see table B4b/20)

7. List prerequisite courses.

Bachelor's Degree in Math/ Science and Literature (<2%) are prerequisite.

8. Is the maximum educational capacity determined prior to establishing the number of admissions? Explain the process in detail.

The number of the students corresponding to the capacity of the School of Medicine is fixed by the MHESR after discussion with the University of Sfax.

9. Provide a copy of minutes, data, analysis, standards, written policies that relate to determining maximum capacity.

See standard B 4b/8.

10. Describe the process of acceptance of transfer students.

The Deans of the four faculties of Medicine meet in August of every year to review the transfer of students' files:

- From another Tunisian School of Medicine to the School of Medicine of Sfax (SMS).
- From a foreign School of Medicine to the SMS.

Transfer of students is authorized only in the first year of the clinical years.

A reorientation competition is organized in March of each academic year. This competition concerns all students who want to join the SMS. The number of students is 10 to 15% of the number of the first class students (Appendix 31).

Supply the number of students in each of the following categories:

PREMEDICAL GPA		PREMEDICAL GPA		HIGHEST EARNEED DEGREE	
Superior (A OR 3.6-4.0)		2 Or Fewer		BACCALAUREATE	08
Good (B OR 3.0-3.5)		3 Years		MASTERS	
Fair (C OR 2.5-2.9)		4 Or More		DOCTORATE	
Poor (LESS THAN 2.5)				OTHER	
TOTAL		TOTAL		TOTAL	08

11. If a qualifying exam is considered for entrance specify the exam

There is no qualifying exam considered for entrance to the School.

12. Is the exam required? If yes, may this requirement be waived?

No exam is required.

13. Under what circumstance may the qualifying exam be waived?

N/A

14. What percent of matriculating students reported scores on the qualifying exam?

N/A

15. If the Medical College Admissions Test is the qualifying exam indicate the mean scores for first year matriculating students in the following:

1. VERBAL REASONING
2. PHYSICAL SCIENCES
3. BIOLOGICAL SCIENCES
4. WRITING SAMPLE

N/A

16. If the Medical College Admissions Test is the qualifying exam indicate the mean scores for second year matriculating students in the following:

1. VERBAL REASONING
2. PHYSICAL SCIENCES
3. BIOLOGICAL SCIENCES
4. WRITING SAMPLE

N/A

17. If the Medical College Admissions Test is the qualifying exam indicate the mean scores for fourth year matriculating students in the following:

1. VERBAL REASONING
2. PHYSICAL SCIENCES
3. BIOLOGICAL SCIENCES
4. WRITING SAMPLE

N/A

18. ATTRITION. If more than one class is admitted during a calendar year, adapt this table to identify each class. Show students that were enrolled during any part of a year but withdrew or were dismissed during the class year being reported.

REASON FOR WITHDRAWAL/DISMISSAL	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR	TOTAL
Poor Academic Standing	0	0	0	0	0	0
Financial Reasons	0	0	0	0	0	0
Temporary withdrawal to pursue advanced study	2	0	0	0	0	2
Temporary leave of absence for other reasons	1	0	0	0	0	1
Transfer to another medical school	0	0	0	0	0	0
All other reasons	0	0	0	0	0	0
TOTAL STUDENTS LOST/YEAR	3	0	0	0	0	3

19. Indicate the number of students who transferred to other medical schools over the past five years.

A. After last fall, number of students: 12

B. After fall two years ago, number of students: 05

C. After fall three years ago, number of students: 14

D. After fall four years ago, number of students: 18

E. After fall five years ago, number of students: 14

20. Student expenses for a typical school year (Appendix 32):

TYPE OF EXPENSE	NATIONAL STUDENT		OTHER STUDENT	
	1ST and 2ND YEAR	3RD, 4TH and 5TH YEAR	1ST and 2ND YEAR	3RD, 4TH and 5TH YEAR
School tuition per academic year	**68 dinars**	**88 dinars**	**68 dinars**	**88 dinars**
School Fees (Polycopy, photocopy, White coat, sthethoscope…)	**400 dinars**	**500 dinars**	**400 dinars**	**500 dinars**
Student living expense (Transport, Apartment Food)	**4000 dinars**	**4000 dinars**	**6000 dinars**	**6000 dinars**
TOTAL YEARLY EXPENSES	**4468 dinars**	**4588 dinars**	**6468 dinars**	**6588 dinars**

21. Financial aid:

The University does not provide student assistance. The government provides scholarships to the students, the number of students whose granted scholarship is specified by the UNO (university national office) by the end of March each year.

NUMBER OF STUDENT RECEVING	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR	TOTAL
Institutional grants and scholarships	0	0	0	0	0	0
Outside grants and scholarships (Alumny of School of Medicine of Sfax(AMEDS))	2	0	1	0	1	4
Government insured loans	--	--	--	--	--	285
Other educational loans	0	0	0	0	0	0
Work study funds	0	0	0	0	0	0
Total receiving aid from all sources	0	0	0	0	0	0
TOTAL NUMBER OF STUDENTS	--	--	--	--	--	289

22. Provide copies of any government agreement and eligibility and or certification approval report or material correspondence, program review, compliance audit and correspondence.

Find attached the two legislations concerning the medical studies (Appendixes 3 and 7).

23. Identify the person responsible for student affairs and provide their CV and date of appointment.

The responsible for the student affairs:

Name: Mohamed Belhaj

Nomination Date: 12/18/2012.

CV: (See CV of Oversight Committee members)

24. Identify the location of any/all student records. Provide copies of all blank forms completed by students or others regarding students and indicate which records are in electronic form.

Student records:

- Students inscribed before 2008 sign a blank form when they do inscription. These records exist at a paper format in the administrative archives.
- Since 2008, blank forms are filled each year by every student when they do the inscription at the web site: www.inscription.tn
- Every student must sign on the students' charter at the beginning of the year (Appendix 30)

Data that is available in electronic format:

*Student records at the web site: www.inscription.tn

*Course Transcripts (Marks) are available at the exam department.

25. Which of student records are available to students for inspection or copying?

All administrative data are available for all students to review or copy.

26. How do students obtain access to review or copy their records?

All students are entitled to review or copy their records after submitting a claim to the School administration.

27. What housing is available to students at each of the school's locations?

School of Medicine of Sfax (SMS) does not provide housing for students, but students can provide housing belonging to the ministry of higher education or private housing.

28. Does the school have any rules, regulations or policies concerning housing? If yes, provide a copy.

See question 27.

29. What opportunity do students have for counseling on financial aid, academic progress, personal and mental health? Provide copies of school's policies on each of them.

The School has a Student Counseling Center (mental health and others problems) chaired by Dr. Masmoudi Jawaher. It was initiated in 2008. Its policy and missions as well as the law which governs it are specified until September 2015.

Commentaire [LA7]: has this now been renewed ?

Commentaire [u8]: Dr. Msmoudi Jawaher still the chair of this committee

30. Describe when students receive training on exposure to infectious diseases and the protocol to be followed after exposure.

The blood exposure accident and the management in case of exposure are taught on the 1st clinical year from lectures and practical work of Virology as well as in the 3rd clinical year at the teaching programs in medicine.

31. Explain any policies on non-discrimination and provide a copy of such policies.

There is no law on non-discrimination in the School. We suggest formulating a law in the rules of procedure of our School.

32. Detail the system for reporting violations of the student honor code or school standards (IE abuse, harassment cheating). How are students advised of this?

The rules of procedure of the School do not include a law that protects students from any harassment or a violation.

Those who are experiencing harassment or a violation can formulate a request on behalf of the Dean. Their problem will be solved within the framework of a Committee whose members will be designated by the Scientific Council of the School. This committee can contain representatives of the trade union of the students. There is no verbal trial of these committees and there is no resort to judicial court.

We propose to create a specific chart for this problem with information and sensitization sessions for all students.

33. Where are the records of student complaints or violations of the honor code or school standards?

There are no records of student complaints or violation of the honor or SMS standards.

34. Does the school determine the outcome of the education provided such as if graduates successfully enter graduate medical training or actually practice medicine?

The objective of the School is to train family physicians to practice their profession after obtaining Doctorate in Medicine Diploma. They may also continue their specialist training after successfully served residency competition.

The SMS does not determine the outcome of the education provided. These data can be obtained at the Council of the College of Physicians. It is estimated that nearly half of our students becomes specialists.

35. Provide data on pass rates on any external exams taken either during or after their matriculation.

Not applicable in our School.

36. Are students required to take any externally prepared examinations? If yes, provide the detailed scores received for the past five years by both first time takers and repeat takers.

Students are not required to take any external examination.

37. Explain the process and school requirements for course exam preparation.

Course exam preparation is done by the Office of Education of the School chaired by Mr Mohamed Belhadj. Its role is to coordinate with the heads of the sections for the preparation and collection of reviews, plan a calendar for the conduct of reviews of the different levels of disciplines (furniture, hardware, lighting, air conditioning rooms examinations and IT) and prepare an organizational chart for monitoring reviews (send notices to the concerned people).
The School is certified by Bureau Veritas Certification by Mai 29 2014 for the preparation and the conduction of exams (Appendix 33). It was audited in 2015.

38. Is there a formal structure in place to consider course examination results to improve the educational program? To evaluate faculty performance?
Course examination results are assessed by a committee chaired by Dr. Najmeddine Hentati to ensure compliance with the standards. During this year, we did evaluation of the OSCE. The docimology of the first year will be done during the future year. Then it will be done for the other levels.

39. Provide copies of the current catalogue.
Example of evaluation of the OSCE (Appendix 34)

40. The total enrolled in all years: 1313
41. Enrolled in the first year: 278
42. Enrolled in the second year: 272
43. Enrolled in the third year: 234
44. Enrolled in the fourth year: 298

Enrolled in the fifth year: 231.

	1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR	Total	OTHERS
2014-2015	278	272	234	298	231	1313	
2013-2014	264	212	277	271	256	1280	
2012-2013	213	261	254	290	201	1219	
2011-2012	256	244	242	259	216	1217	
2010-2011	241	233	232	257	229	1192	

Enrollment for other educational programs in the medical school:

N/A

Standard B5- Facilities

Standard B 5 a- General Facilities

a. Clinical Teaching Facilities

1. How does the medical school's faculty maintain control of the educational program at its clinical sites?

To maintain control of the educational program at the clinical sites, the SMS provides:

* Clinical Training of the Fst PCY :

- A Nursing Training course (4 hours a day), in small rooms at the School of Medicine of Sfax premise in groups of 30 students for 12 days using models (list of models in Appendix 35) with a pre-established program (Appendix 19). During this training the students are monitored by paramedical teachers and overseen by the School.
- A complement of Nursing Training course in departments of university hospital for 2 weeks at the rate of 4 hours a day during 6 days/week, with on duty once a week.

* Clinical training for students of Snd PCY, Fst CY, Snd CY and Thrd CY :

- A tutor in each department skilled and trained for the practical learning (apprenticeship).
- A checklist of clerkship goals of the training course for each level and each department. This checklist should be validated by the students (Appendixes22, 23, 24 and 25).

*Some departments submit to the SMS an organization chart of training courses (formation) during the training courses in the form of sessions of tutorial classes, sessions of the clinical reasoning learning (ARC) (Appendix 36: training program of students in the department of the infectious diseases HCUH).

*The students are distributed in every unit of the department (hospitalization, outpatient and ambulatory if it exists)

*There is a daily control of students' attendance.

*An index form of validation at the end of training course is signed for every student by the clinical training tutor and the department chair. Then, it is sent to the School (Appendix 37).

* Clinical Training courses of Fth CY (first year of internship)

- The training course of first year internship (Fourth Clinical Year Fth CY) contains three periods of training course: each one lasts four months (from1st November to 28th February, from 1st March to 30th June and from 1st July to 31st October). Two periods of this training should be in medical specialties and surgical specialties. The third period is either in Gynecology/obstetrics or Pediatrics (Appendix 17).

- The appointment of the internship students in the departments is made by the SMS by a personal choice made by the students according to their grades. During this internship the interns work full-time in the wards with the responsibility of the head of the department, supervised and accompanied by the academic staff and/or experts of the public health. So, the roles of the interns are to take care of the in-patients, to be on-duty and to deal with the emergencies. Then, they write their observations about the patients, to take part in the diagnostic and therapeutic care.

- The interns who have an internship in a medical or surgical area and have no opportunity to see the pathology of the other specialties of the same pool, there is a program of tutorial classes (2 per specialty) about these pathologies. Thus, eight practical tutorial sessions are delivered to the interns during each training period. The attendance of these tutorial sessions is mandatory for the validation of the objective structured clinical examinations (Appendix 38)

- At the end of every internship, the department head completes a validation form and gives it to the School (Appendix37).

*Clinical Training courses of family medicine internship:

- The interns of Family Medicine have a 2-year training:
· The 1st year of training is in the approved university departments.
· The 2nd year in the first and second line of the health sectors under the responsibility of Family Medicine internship supervisor approved by the School.
- The principles of the Family Medicine training courses to get a diploma are in the decree of 25 November 2011(Appendix17). The final terms and conditions of the Family Medicine training have not been approved yet by the MHESR.

2. Are students trained in facilities where accredited graduate and continuing medical education is concurrently taking place?

* The students are monitored in the clinical training course by Assistant professors, associate professors, professors, intern doctors and residents.
* An on-going teaching training is delivered to the medical teachers. Indeed, the School appoints a Committee of Teaching training who is responsible for the course design and the teaching methods (seminars and conferences). (Appendix 6: programs of the seminaries in medical pedagogy of the following years: 2012-2013-2014).
* A compulsory educational cycle in medical pedagogy is arranged for this current academic year 2015-2016 for the 1st year assistant professors (Appendix 39)
* The other teachers and professors have an on-going training according to their specialty through scientific associations and international seminars.

3. When appropriate, do students participate in activities associated with these programs?

Students participate by:

- Presentation of clinical cases with discussion of inpatients and outpatients records.
- Presentation of a talk the presence of a teacher interacting together.

Insert an "x" to indicate the courses taught at each facility:

Site	Family Medicine	Internal Medicine	Obstetrics Gynecology	Pediatrics	Psychiatry	Surgery
HBUH		X				X
HCUH		X	X	X	X	X
RHK			X			
RHG		X	X		X	X
RHMah			X			
RHJ			X			
RHMed		X		X		X

Indicate the number of house officers that are the responsibility of your faculty; by training program, (Note: If the school operates geographically separate clinical campuses, provide a separate table for each campus):

- In our system, we do not have a position of clinical fellow which is similar to a resident.
- In some hospitals, the clinical training can be assured by non-university medical doctors (Public Health sector).

Commentaire [LA9]: In #2 above, it is stated that students are monitored by residents.

Commentaire [u10]: This monitoring is mandatory and not obligatory by law

Clinical campus: University Hospital Habib Bourguiba Sfax (HBUH)

Training program		Location	Total résidents	Professor assistant	Associate professor	Professor	Public health doctors
clerkship	**internship**						
-General surgery semiology -General surgery pathologies	Surgical specialties	General surgery	10	5	4	5	0
- Orthopedics semiology -Orthopedics pathologies	Surgical specialties	Orthopedic surgery	11	5	6	2	0
-Neurology semiology -Neuro surgery pathologies	Surgical specialties	Neurosurgery	5	2	0	1	0
-Urology semiology -Urology pathologies	Surgical specialties	Urology	7	7	2	1	0
-ENT semiology -ENT pathologies	**Community medicine**	ENT	7	4	3	2	0
-Ophthalmology semiology -Ophthalmology pathologies	**Community medicine**	Ophthalmology	11	6	1	2	0
-Cardiovascular and thoracic semiology -Thoracic and Cardio vascular surgery pathologies	Surgical specialties	Cardiovascular and thoracic surgery	8	3	2	1	0
Maxillofacial pathologies	**Community medicine**	Maxillofacial surgery	4	1	1	2	0
-	**Community medicine**	Functional exploration	5	2	1	0	0
Intensive Care	**Specialties**	Surgical intensive care unit	15	4	3	1	0
Oncology pathologies	**Community medicine**	Carcinology	8	3	2	1	0
-	**Community medicine**	Nuclear medicine	3	3	3	1	0
Oncology pathologies	**Community medicine**	Radiotherapy	6	4	2	1	2
-Neurology semiology	**Community medicine**	Neurology	7	3	2	1	0

-Neurology pathologies							
-	**Community medicine**	Physical medicine	2	2	2	1	0
Intensive care	**Specialties**	Emergency medicine	7	3	2	1	0
-	**Community medicine**	Plastic surgery	2	1	0	1	0
Intensive care	**Specialties**	Intensive care unit	8	1	2	3	0
Radiology semiology and exams	**Community medicine**	Radiology	11	4	3	0	0
-	**Community medicine**	Regional blood transfusion center	4	2	2	1	0
-	**Community medicine**	Bacteriology / Virology Laboratory	9	1	4	3	0
-	**Community medicine**	Pathology laboratory	5	5	3	1	0
-	**Community medicine**	Biochemistry laboratory	8	4	1	1	0
Forensic medecine	**Community medicine**	Forensic department	4	1	2	2	0

Clinical campus: University Hospital Hedi Chaker Sfax(HCUH)

Training program		**Location**	**Total residents**	**Professor assistant**	**Associate professor**	**Professor**	**Public health doctors**
clerkship	**internship**						
-Interrogation and physical examination of healthy person -Infectious disease pathologies	**Medical specialties**	Infectious diseases department	5	2	3	2	0
-Hematology semiology -Hematology pathologies	**Medical specialties**	Hematology	5	4	2	2	0
-Pneumology semiology -Pneumology pathlogies	**Medical specialties**	Pneumology	6	4	3	2	0
-Gastroenterology semiology -Gastro enterology pathologies	**Medical specialties**	Gastroenterology	5	3	2	1	0
-Pediatrics	**Pediatrics**	Pediatrics	6	4	3	2	0

pathologies							
-Pediatrics pathologies	**Pediatrics**	Pediatric emergency and intensive care	6	4	1	1	1
-Neonatology pathologies	**Pediatrics**	Neonatology	7	4	0	3	0
-Pediatric surgery pathologies	**Surgical specialties**	Pediatric surgery	5	2	1	1	0
-Obstetrics ang gynecology pathologies	**Gyneco obstetrics**	Obstetrics and gynecology	14	7	2	0	0
-Endocrinology semiology -Endocrinology pathologies	**Medical specialties**	Endocrinology	6	1	1	3	0
-Nephrology semiology -Nephrology pathologies	**Community medicine**	Nephrology	8	3	4	3	0
-Rheumatology semiology -Nephrology pathologies	**Medical specialties**	Rheumatology	4	0	2	2	0
-Psychiatry semiology -Psychiatry pathologies	**Community medicine**	Psychiatry A	7	3	0	1	0
Psychiatry semiology -Psychiatry pathologies	**Community medicine**	Psychiatry B	7	4	1	1	0
Psychiatry pathologies	**Community medicine**	Psychiatry C	7	2	2	1	0
Child psychiatry pathologies	**Community medicine**	Child psychiatry	6	3	2	2	0
-Interrogation and physical exam of healthy person -Internal medicine pathologies	**Medical specialties**	Internal Medicine	6	4	1	1	0
-Pediatric neurology pathologies	**Community medicine**	Pediatric neurology	5	3	1	1	0
-Dermatology semiology -Dermatology pathologies	**Community medicine**	Dermatology	5	1	3	2	0
-Cardiology semiology -Cardiology pathologies	**Specialties**	Cardiology	8	6	2	2	1
-	**Community medicine**	Community and preventive medicine	2	1	3	1	0

		department					
Intensive care	**Specialties**	Surgical intensive care unit	8	3	0	1	0
Radiology semiology and exams	**Community medicine**	Radiology	8	2	1	1	0
Occupational medicine	**Community medicine**	Occupational department	4	1	2	1	0

Clinical campus: School of Medecine of Sfax (SMS)

Training program		**Location**	**Total residents**	**Professor assistant**	**Associate professor**	**Professor**	**Public health doctors**
clerkship	**internship**						
-	**Community medicine**	Pharmaco-vigilance department	0	3	3	3	0

Clinical campus: Regional Hospital of Gabes (RHG)

Training program		**Location**	**Total residents**	**Professor assistant**	**Associate professor**	**Professor**	**Public health doctors**
clerkship	**internship**						
-	Specialties	Cardiology department	0	1	0	0	2
-	**Surgical specialties**	Orthopedics	0	1	0	0	4
-	**Community medicine**	Carcinology	1	2	0	0	4
-	**Community medicine**	Psychiatry	0	2	0	0	0
-	**Gyneco obstetrics**	Gynecology	2	1	0	0	3

Clinical campus: Regional Hospital of Medenine (RHMed)

Training program		**Location**	**Total residents**	**Assistant Professor**	**Associate professor**	**Professor**	**Public health doctors**
clerkship	**internship**						
-	**Specialties**	Cardiology department	3	1	0	0	1
-	**Specialties**	Intensive care unit	0	1	0	0	2
-	**Community medicine**	Pneumology	0	2	0	0	0
-	**Community medicine**	Gastro enterology	0	1	0	0	0
-	**Pediatrics**	Pediatrics	0	1	0	0	3
-	**Community medicine**	ENT	0	1	0	0	3
-	**Surgical specialties**	Orthopedics	4	2	1	0	1

Clinical campus: Regional Hospital of Kerkennah (RHK)

Training program		Location	Total residents	Assistant Professor	Associate professor	Professor	Public health doctors
clerkship	internship						
-	**Gyneco obstetrics**	Gynecology/obstetrics	0	0	0	0	4

Clinical campus: Regional Hospital of Mahres (RHMah)

Training program		Location	Total residents	Assistant Professor	Associate professor	Professor	Public health doctors
clerkship	internship						
-	**Gyneco obstetrics**	Gynecology/obstetrics departments	0	0	0	0	1

Clinical campus: Regional Hospital of Jebeniana (RHJ)

Training program		Location	Total residents	Assistant Professor	Associate professor	Professor	Public health doctors
clerkship	internship						
-	**Gyneco obstetrics**	Gynecology/obstetrics departments	0	0	0	0	2

4. Describe the mechanism used for oversight and coordination of graduate medical education, including evaluation and allocation of training positions

***Oversight and coordination of graduate medical education:**

For the students of 2nd preclinical years, 1st, 2nd, 3rd clinical years:

- A continuing follow-up of the learning process by the clinical training tutor and the other teachers of the same department.
- The student should achieve all the objectives of each specialty in the checklist (appendix 22, 23, 24, 25).
- A practical exam is held at the end of the academic year. This exam is an evaluation of a clinical case (OSCE).The mark given to the student should be at least 10/20 to validate their clinical training.
- The OSCE exams are designed in seminars by all internship coordinators and tutors of the concerned level.

- The tests concern a list of codified complaints affecting the various systems.
- For interns Fth CY, the exam OSCE is organized in 4 tests: 1 /Medical specialties 2 / Surgical specialties 3 / Pediatrics 4 / Gynecology/obstetrics.

***Evaluation and allocation of training positions**

* For the clerkship, students must complete a training course in each department. The number of students in each department and the training duration are fixed according to the following criteria: educational objectives, capacities of departments.
* For the internship, the number of students in each department is fixed in agreement between all the department heads and the Director of Clinical Affairs and according to the following criteria: number of beds in specialty, number of hospitalizations, ER visits and OPD visits.

5. Note any graduate programs currently on probation, as well as programs being substantially expanded or reduced in size.

No programs are on probation.

No programs are being substantially expanded or reduced in size.

6. Identify any programs experiencing difficulty in filling positions.

N/A

d. Provide the following information regarding ACGME Institutional Review of graduate medical education programs sponsored by the school or its major teaching hospital(s):

N/A

7. If the medical school or its clinical affiliates are accredited to sponsor continuing medical education for physicians, indicate each program's current accreditation status, length of accreditation granted, and year of the next accreditation review.

N/A

8. Attach maps with relation to the buildings referred to: (fig 2 to 16)

Building name	Year completed	Cost	Net Usable Square Meters	Location in reference to main campus	Function
HBUH	1984	66 million dinars	35000m^2	650 m	Training field
HCUH	1929 renovated 1995-1998	Not available	~30 000m^2	450 m	Training field
SMS	1974	7 million dinars	27 000m^2	In the campus	Training and teaching field
RHG	1981	8 million dinars	40 000m^2	140 km	Training field
RHMed	1982	8 million dinars	40 000m^2	216 km	Training field
RHK (Kerkennah is an Island near Sfax)	-	-	~5 000m^2	15 km 1 h 40 min (Kerkennah is an Island near Sfax)	Training field
RHMah	1962	-	4500m^2	34,2 km	Training field
RHJ	-	-	~5 000m^2	36,5 km	Training field

Fig 2: Habib Bourguiba University Hospital (Google Maps, March 24th 2015)

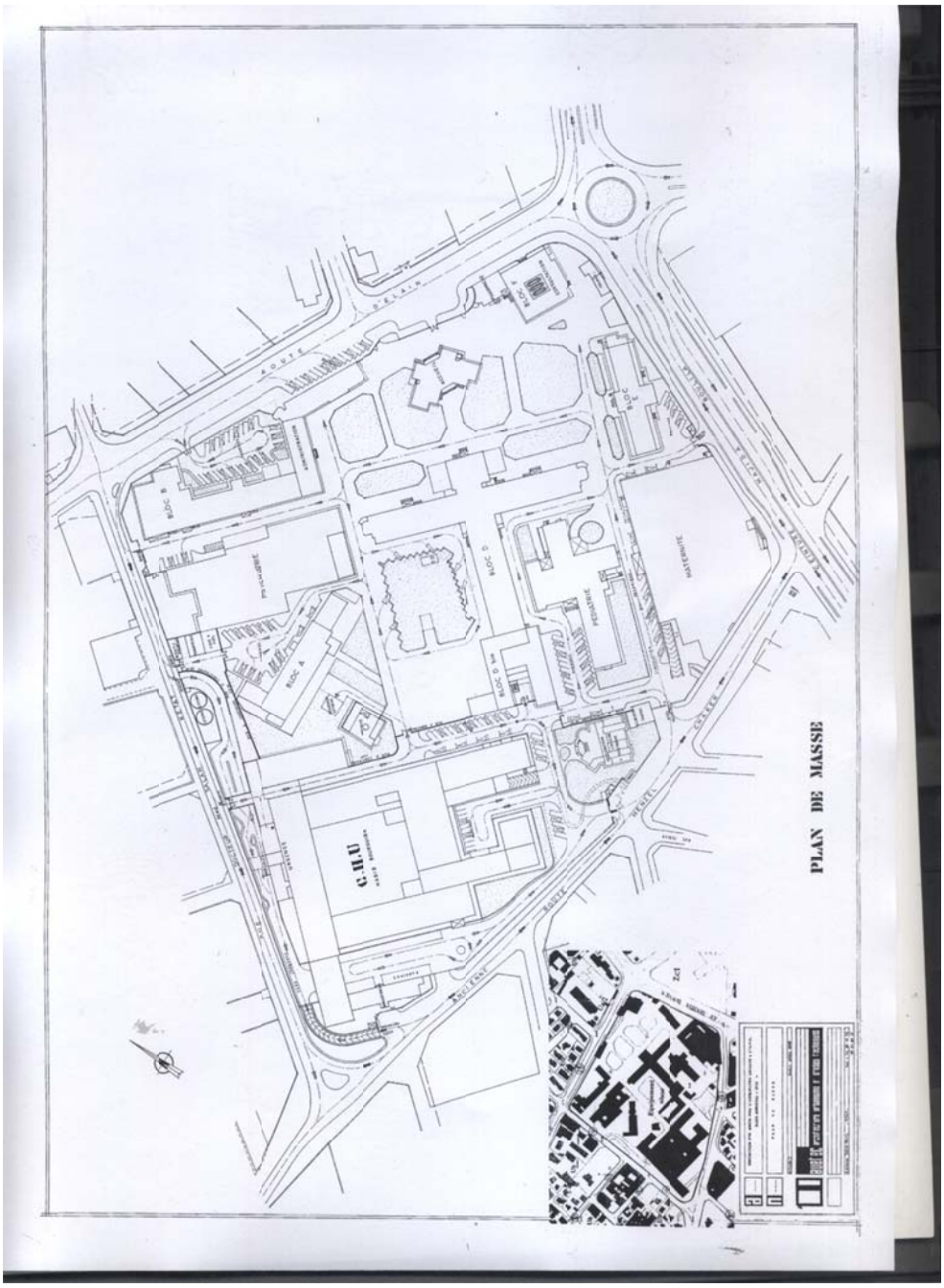


Fig 3: Habib Bourguiba University Hospital

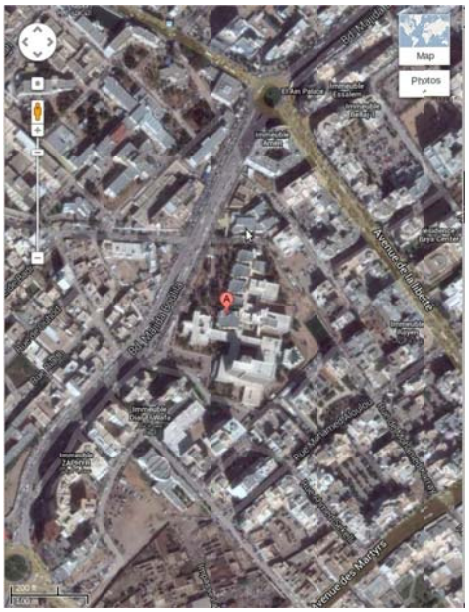


Fig 4: School of Medecine of Sfax (Google Maps 24th 2015)

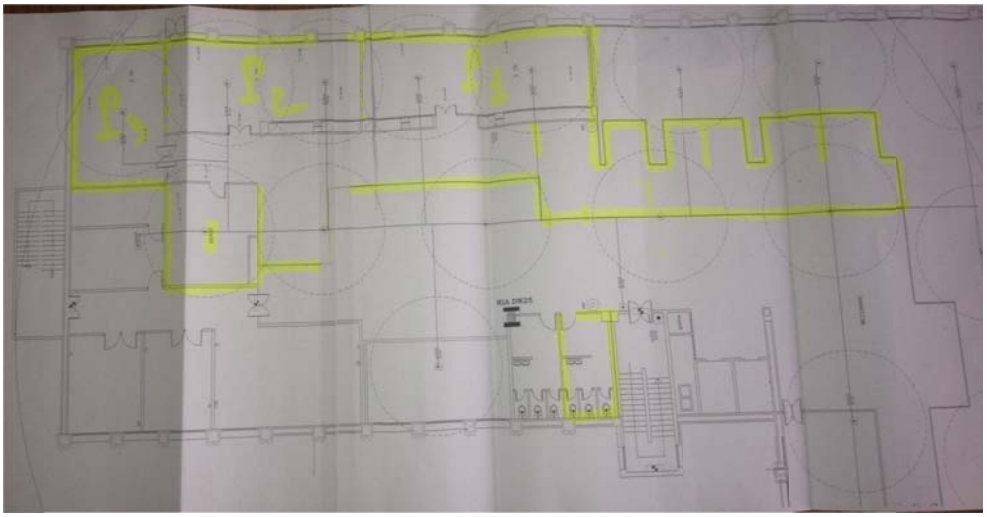


Fig 5: Map of PAQ rooms of clinical teaching in SMS

Fig 6: School of Medecine of Sfax (Google Maps, March 24th 2015)

Fig 7: Hedi Chaker University Hospital (Google Maps, March 24th 2015)

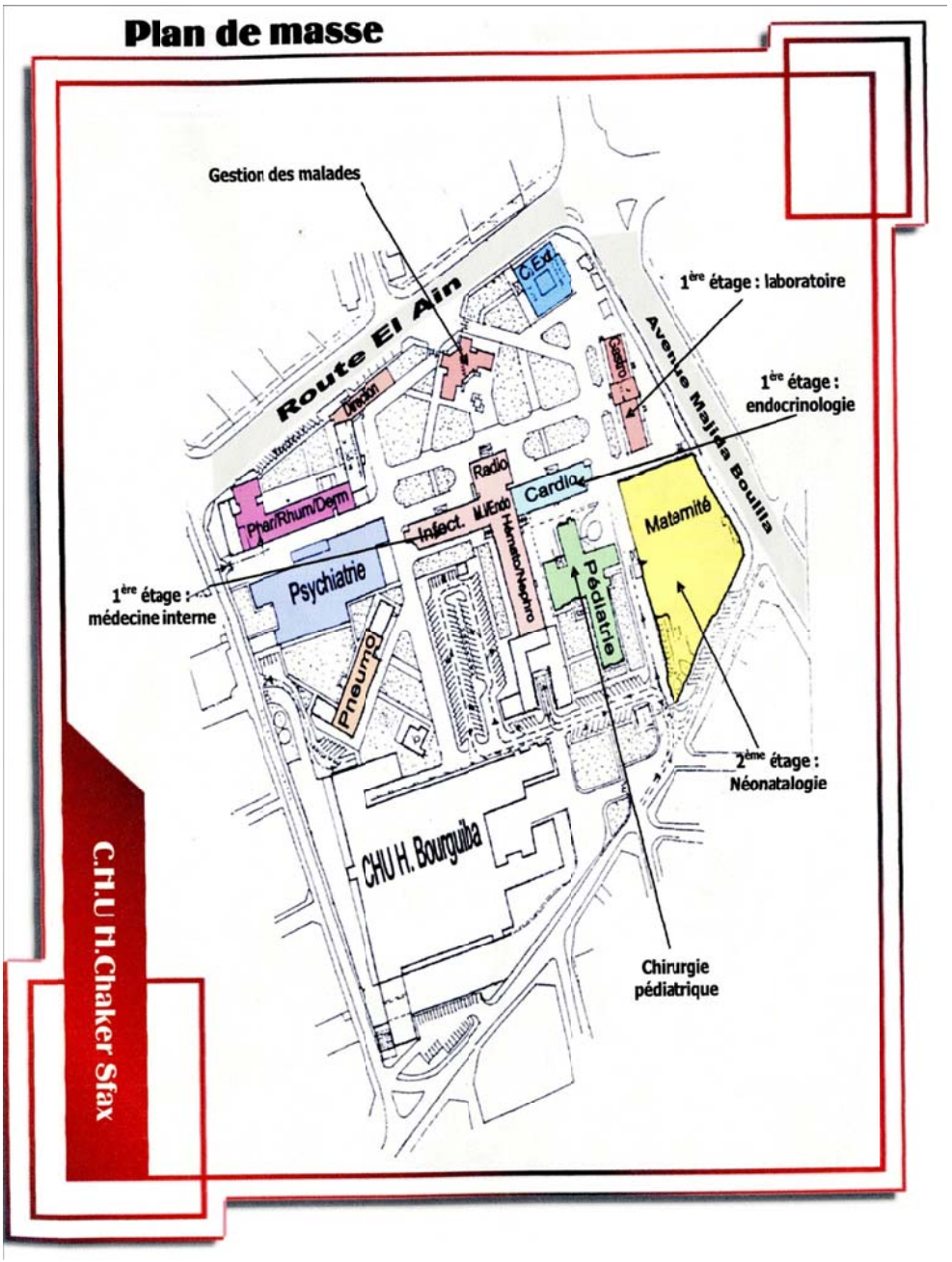


Fig 8: Map of Hedi Chaker University Hospital

Fig 9: Jebeniena Regional Hospital (Google Maps March 24th 2015)

Fig 10: Mahres Regional Hospital (Google Maps, March 24th 2015)

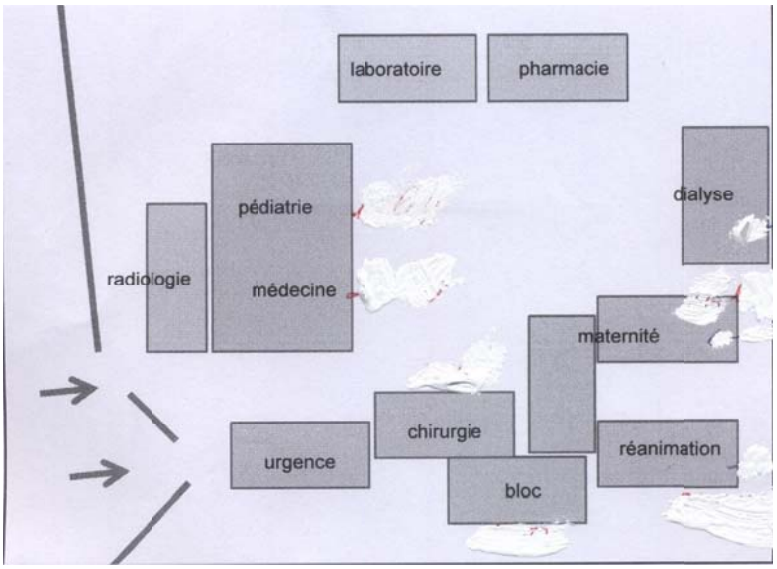


Fig 11: Map of Mahres Regional Hospital

Fig 12: Kerkennah Regional Hospital (Google Maps, March 24th 2015)

Fig 13: Medenine Habib Bourguiba Regional Hospital (Google Maps 24/03/2015)

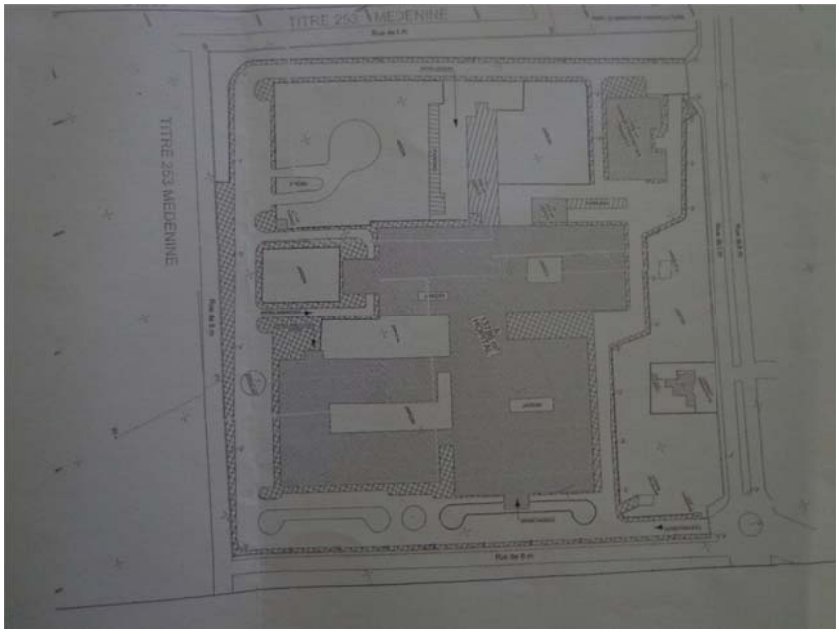


Fig 14: Medenine Habib Bourguiba Regional

Fig 15: Gabes Mohamed Ben Sassi Regional Hospital GH (Google Maps, March 24th 2015)

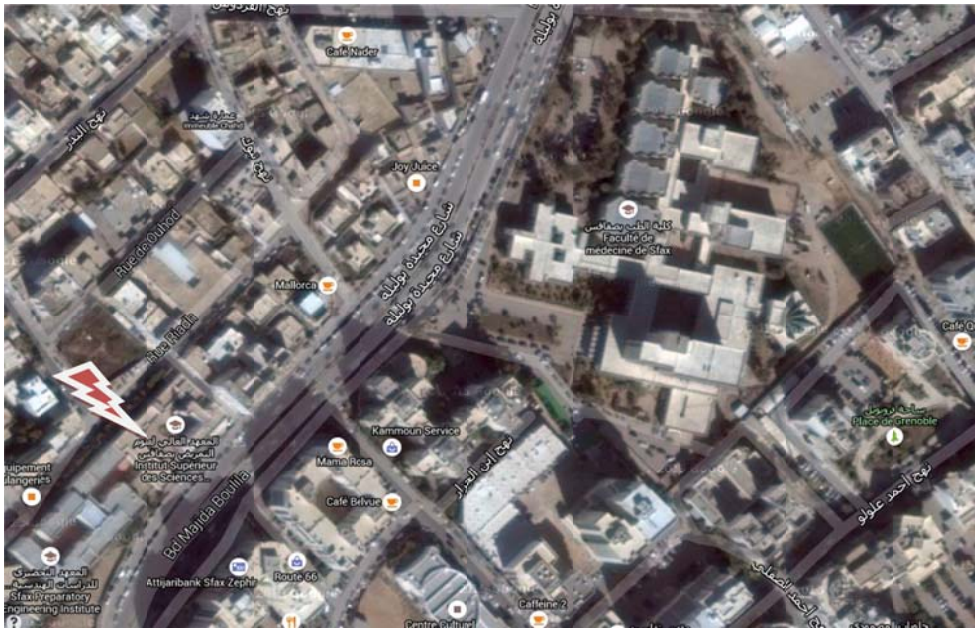
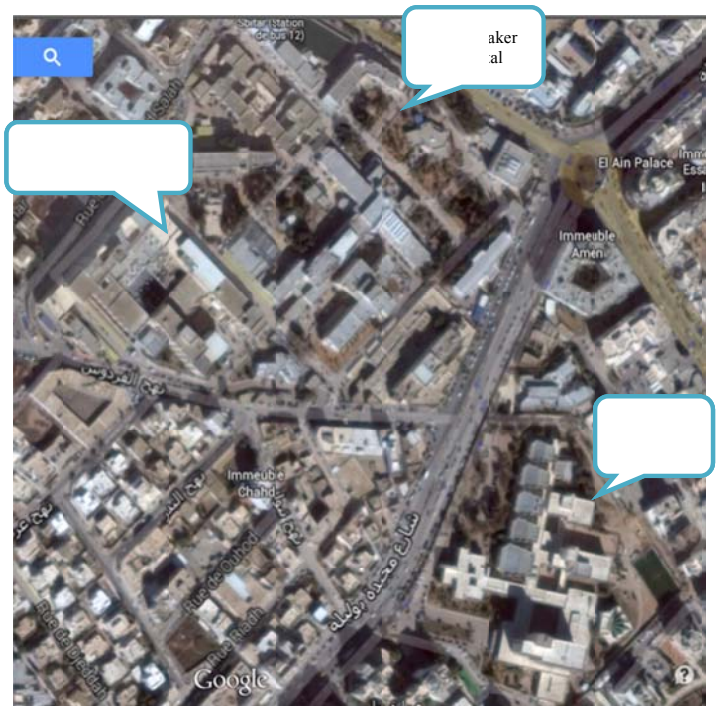


Fig 16: Map of Higher Institute of nurse sciences Sfax (Google Maps, June 16th 2015)

9. Explain how the buildings fully adequate for the purposes they are intended to serve?

In Sfax, there are two university teaching hospitals Hédi Chaker and Habib Bourguiba (HCUH and HBUH) where most of the practical teaching takes place. These hospitals are close to the School of Medicine where the theoretical part of teaching (500 meters, 5 minutes walking) occurs. Thus, the students can attend the clinical teaching in the hospitals in the morning and lectures and tutorials in the afternoon. See map below



- Each department has a staff room equipped with desks, chairs, a whiteboard, a projector, a computer, an internet connection…
- There is a lecture theater at HBUH which can host up to 50 students

. CLASS ROOMS FOR LECTURES:

Name	Building	Number of seats	Audio visual facilities (Y-N)
G1	Ground flour	35	Y
G2	Ground flour	35	Y
G3	Ground flour	35	Y
F2	2nd floor	35	Y
F3	3rd floor	35	Y
F4	4th floor	35	Y
F5	5th floor	35	Y
F6	6th floor	35	Y
F7	7th floor	35	Y
Anatomy class room	1st flour	35	Y
Lecture theater 1	Ground flour	150	Y
Lecture theater 2	Ground flour	150	Y
Lecture theater 3	Ground flour	180	Y
Lecture theater 4	Ground flour	180	Y
Lecture theater 6	Ground flour	380	Y

STUDENT LABORATORIES

NAME	AVAILABILITY (Y/N)	EQUIPMENT	NUMBER
ANATOMY DISSECTING ROOM	Y	CADAVAR TABLES	6
ANATOMY MICROSCOPIC LAB	Y	STUDENT SEATS	40
		MICROSCOPES	15
BIOCHEMISTRY LAB		STUDENT BENCH SPACES	6
MICROBIOLOGY LAB	Y	STUDENT BENCH SPACES	9
PHYSIOLOGY LAB	Y	STUDENT WORK SEATS	40
PATHOLOGY LAB	Y	MICROSCOPES	14
PARASITOLOGY	Y	STUDENT SEATS	40
		MICROSCOPES	20
HEMATOLOGY LAB	Y	STUDENT BENCH SPACES	6
BIOPHYSICS LAB	Y	STUDENT BENCH SPACES	9

SPECIAL SOURCES

RESOURCE	AVAILABILITY (Y/N) ?
MEDICAL PHOTOGRAPHY AND ILLUSTRATION	Y
ELECTRONICS SHOP	Y
COMPUTER, DATA PROCESSING	Y
PRINTING, DUPLICATING, AND REPRODUCTION SHOP	Y
MACHINE SHOP	Y
AUDIOVISUAL-MULTIPLE MEDIA VIEWING AREA	Y
SPACE FOR :	
DOGS	N
CATS	N
RATS	Y
GUINEA PIGS	N
MICE	Y
OHTER (LIST)	N
OHTER (LIST AND DESCRIBE)	N

10. Attach photos of the school's teaching facilities.

See Appendix 40.

CLINICAL TEACHING FACILITIES

11. Attach copies of all signed affiliation agreements outlining responsibilities of each.

According to the law n 91-63 of July 29, 1991 (Appendix 41) relative to health organization, health institutions with an academic vocation (such us our teaching hospitals) participate and contribute to medical university and post- graduate education.

HOSPITAL	Location	Number of beds in specialty being taught	Annual number of OPD visits/ (year2013 or 2014)	Annual number of ER visits (year 2013 or 2014)	Approved postgraduate training programs
HBUH	General surgery department	94	9933	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Orthopedic surgery	70	40827	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Neurosurgery	38	5781	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Urology	50	11183	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	ENT	34	20118	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Ophthalmology	45	24189	Total Hospital Emergency*	Yes

				108 560/year 2013	
HBUH	Heart surgery	11	4298	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Maxillofacial surgery	17	6491	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Functional exploration	10	855	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Surgical intensive care unit	20	10963	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Carcinology	26	3096	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Nuclear medicine	0	3036	-	Yes
HBUH	Radiotherapy	12	6842	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Neurology	30	12846	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Physical medicine	0	7719	-	Yes
HBUH	Emergency medicine	12	0	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Plastic surgery	6	1914	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Intensive care unit	22	0	Total Hospital Emergency* 108 560/year 2013	Yes
HBUH	Radiology	0	-	-	Yes

HBUH	Regional blood transfusion center	0	-	-	Yes
HBUH	Bacteriology / Virology Laboratory	0	-	-	Yes
HBUH	Pathology laboratory	0	-	-	Yes
HBUH	Biochemistry laboratory	0	-	-	Yes
HBUH	Forensic department	0	-	-	Yes
HCUH	Infectious diseases	26	7586	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Hematology	32	7025	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Pneumology	85	11686	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Gastroenterology	44	6045	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Pediatrics	60	6629	18198**	Yes
HCUH	Pediatric emergency and intensive care	25	18198	18198**	Yes
HCUH	Neonatology	36	5075	All new born childs of the maternity	Yes
HCUH	Pediatric surgery	16	3712	-	Yes
HCUH	Obstetrics and gynecology	116	11089	14914	Yes
HCUH	Endocrinology	25	15226	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Nephrology	43	7636	Total Hospital	Yes

				Emergency* 108 560/year 2013	
HCUH	Rheumatology	30	9046	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Psychiatry A	45	18007****	2062***	Yes
HCUH	Psychiatry B	75	18007****	2062***	Yes
HCUH	Psychiatry C	35	18007****	2062***	Yes
HCUH	Child psychiatry	10	3570	2062***	Yes
HCUH	Internal Medicine	20	8779	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Pediatric neurology	9	6192	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Dermatology	30	12865	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Cardiology	59	18642	Total Hospital Emergency* 108 560/year 2013	Yes
HCUH	Community Medicine	0	-	-	Yes
HCUH	Surgical intensive care unit	0	-	-	Yes
HCUH	Radiology	0	-	-	Yes
HCUH	Occupational department	0	1014	-	Yes
SMS	Pharmacovigilance department	0	-	-	Yes
RHG	Cardiology	20	6860	Total Hospital emergency 97604./year 2014	Yes
RHG	Orthopedics	40	16486	Total	Yes

				Hospital emergency 97604./year 2014	
RHG	Carcinology	8	2590	Total Hospital emergency 97604./year 2014	Yes
RHG	Psychiatry	0	5141	Total Hospital emergency 97604./year 2014	Yes
RHG	Gynecology/obstetrics	100	6080	Total Emergency Gyn/Obs : NA	Yes
RHMed	Cardiology	20	≈6000	Medical Hospital emergency 58 942/year 2014	Yes
RHMed	intensive care unit	6	-	-	Yes
RHMed	Pneumology	26	1900	Medical Hospital emergency 58 942/year 2014	Yes
RHMed	Gastrology	8	3000	Medical Hospital emergency 58 942/year 2014	Yes
RHMed	Pediatrics	30	4980	Medical Hospital emergency 58 942/year 2014	Yes

RHMed	ENT	20	5290	Surgical Hospital emergency 3065/year 2014	Yes
RHMed	Orthopedics	30	6500	Orthopedics emergency 11000/year 2014	Yes
RHK	Gynecology/Obstetrics	9	3000 OPD and ER	3000 OPD and ER	Yes
RHMah	Gynecology/Obstetrics	16	1048	Total Hospital emergency25780/year2014	Yes
RHJ	Gynecology/Obstetrics	23	~2000	6000 emergency cases	Yes

* Total emergency cases: medical and surgical and orthopedics emergency

** Emergency cases are consulted by two departments according to a shift

*** Emergency cases are consulted by four departments according to a shift

**** OPD are consulted by the 3 departments

12. Provide copies of all site visit reports, student surveys, comparative analysis of the education provided at each site.

There is no visit reports, or student surveys, comparative analysis of the education provided at each site

Also provide a review of the resources available at each clinical site: see the table below

HOSPITAL	Location	Staff room/ capacity	OHP (Overhead projector)	A camera	Interns and externs' office	A computer	Video-projector	Entrance for doctors, interns and externs	Library
HBUH	General surgery	Y/50	Y	N	Y interns N clerkships	N	Y	N	N
HBUH	Orthopedic surgery	Y/20	Y	N	Y interns N clerkships	N	Y	N	N
HBUH	Neurosurgery	Y/20	Y	N	Y	N	Y	N	N
HBUH	Urology	Y/30	Y	N	Y interns N clerkships	N	Y	N	N
HBUH	ENT	Y/30	Y	N	Y	N	Y	Y	
HBUH	Ophthalmology	Y/25	Y	N	N	N	Y	N	N
HBUH	Thoracic and Heart surgery	N	Y	N	Y	N	Y	N	N
HBUH	Maxillofacial surgery	Y/15	Y	N	Y interns N clerkships	N	Y	N	N
HBUH	Functional exploration	Y/25	Y	N	Y	N	Y	N	N
HBUH	Surgical intensive care unit	Y/30	Y	N	N	N	Y	N	N
HBUH	Carcinology	Y/30	Y	Y	Y	N	Y	N	N
HBUH	Nuclear medicine	N	N	N	N	N	N	N	N
HBUH	Radiotherapy	Y/40	Y	Y	Y Interns N clerkships	N	Y	Y	N

HBUH	Neurology	Y/20	Y	N	Y interns N clerkships	N	Y	Y	N
HBUH	Physical medicine	Y/30	N	N	N	N	Y	N	N
HBUH	Emergency medicine	Y/20	Y	N	Y	N	Y	Y	N
HBUH	Plastic surgery	Y/15 [1]	Y	N	N	N	Y	N	N
HBUH	Intensive care unit	Y/15	Y	N	Y	N	Y	N	N
HBUH	Radiology	Y/25	Y	N	N	N	Y	N	N
HBUH	Regional blood transfusion center	Y/40	Y	N	Y interns N clerkships	N	Y	N	N
HBUH	Bacteriology/Virology Laboratory	Y/20	Y	N	N	N	Y	Y	Y
HBUH	Pathology laboratory	N in the hospital Y in the Laboratory at SMS	N	N	N	N	Y	N	Y
HBUH	Biochemistry laboratory	Y/10	Y	Y	Y	N	Y	N	Y
HBUH	Forensic department	Y/20	Y	N	N	N	Y	N	N
HCUH	Infectious diseases	Y/30	Y	Y	Y	Y	Y	Y	Y
HCUH	Hematology	Y/30	Y	N	Y interns N clerkships	N	Y	N	Y
HCUH	Pneumology	Y (2) /30 +40	Y	Y interns N clerkships	Y	Y	Y	N	Y

HCUH	Gastro-enterology	Y/15	N	N	Y interns N clerkships	N	N	N	N
HCUH	Pediatrics	Y/25	N	N	Y interns N clerkships	N	N	N	N
HCUH	Pediatric emergency and intensive care	Y/40	N	N	Y interns N clerkships	N	Y	N	N
HCUH	Neonatology	Y/50	Y	Y	Y	Y	Y	Y	N
HCUH	Pediatric surgery	Y/35	Y	N	Y interns N clerkships	Y	Y	N	N
HCUH	Obstetrics and gynecology	Y/50	Y	N	Y	Y	Y	N	N
HCUH	Endocrinology	Y/20	Y	N	Y interns N clerkships	N	Y	N	N
HCUH	Nephrology	Y/50	Y	N	Y interns N clerkships	Y	Y	Y	N
HCUH	Rhumatology	Y/20	Y	N	Y interns N clerkships	N	Y	Y	N
HCUH	Psychiatry A	Y/20	Y	N	N	N	Y	N	N
HCUH	Psychiatry B	Y/30	Y	N	N	N	Y	N	N
HCUH	Psychiatry C	N	Y	N	N	N	Y	N	N
HCUH	Child psychiatry	Y/30	Y	N	N	N	Y	N	N
HCUH	Internal Medecine	Y/15	Y	N	Y	N	Y	N	N
HCUH	Pediatric neurology	Y/20	Y	Y	Y interns N clerkships	Y	Y	Y	Y
HCUH	Dermatology	Y/35	Y	Y	Y interns N clerkships	Y	Y	Y	N
HCUH	Cardiology	Y/40	Y	Y	Y	N	Y	N	N
HCUH	Community Medecine	Y/15	Y	Y	N	N	Y	N	N
HCUH	Surgical	N	Y	N	N	N	Y	N	N

	intensive care unit								
HCUH	Radiology	Y/20	Y	N	Y	N	Y	N	Y
HCUH	Occupational department	N	Y	N	Y	Y	Y	Y	N
SMS	Pharmaco-vigilance department	Y/40	Y	Y	N	N	Y	Y	N
RHG	Cardiology	N	N	N	Y	N	N	N	Y
RHG	Orthopedics	Y/10	Y	N	Y	Y	Y	Y	N
RHG	Carcinology	Y/15	Y	N	N	N	Y	N	N
RHG	Psychiatry	N	N	N	N	N	N	N	N
RHG	Gynecology/Obstetrics	N	N	N	Y	N	N	N	N
RHMed	Cardiology	Y/20	Y	N	Y	N	Y	N	Y
RHMed	Intensive care unit	N	N	Y	N	Y	N	Y	N
RHMed	Pneumology	Y/20	Y	N	Y	Y	Y	N	N
RHMed	Gastrology	Y/10	N	N	Y	N	N	N	N
RHMed	Pediatrics	N	Y	N	Y	N	Y	N	N
RHMed	ENT	N	N	N	N	N	N	N	N
RHMed	Orthopedics	Y/20	N	N	Y	N	Y	N	N
RHK	Gynecology/Obstetrics	N	Y	N	N	N	Y	N	N
RHMah	Gynecology/Obstetrics	N	N	N	Y	N	N	N	N
RHJ	Gynecology/Obstetrics	N	N	N	N	N	N	N	N

1- with department of maxillofacial surgery

13. Evaluate the quality of education provided at each clinical site and describe the steps that have been effectively taken to improve programs of lesser quality.

A transverse study with the students for the evaluation of the training courses of clerkship and internship was initiated at the beginning of the academic year 2009-2010. This evaluation was about the clinical training courses of both the externs and interns.

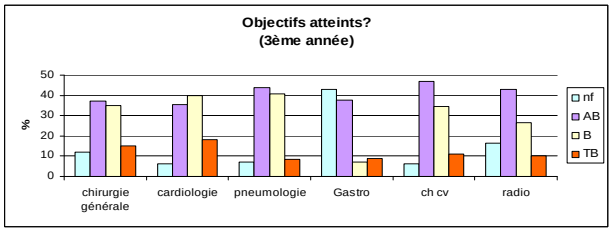
*The assessment method: this evaluation was done through anonymous forms distributed to the students.

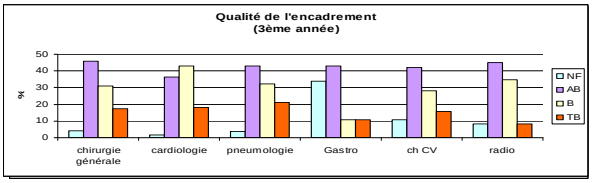
*The main conclusions of this survey were:

- The training is better in medical departments
- The learning process is better during the on-duty and the out-patients
- The weaknesses: packed nuts to bats with the absence of supervision in some departments.

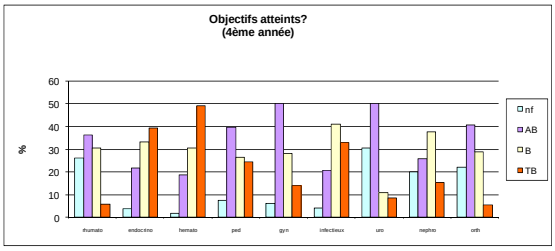
<u>The quality of the supervision according to the level of study:</u>

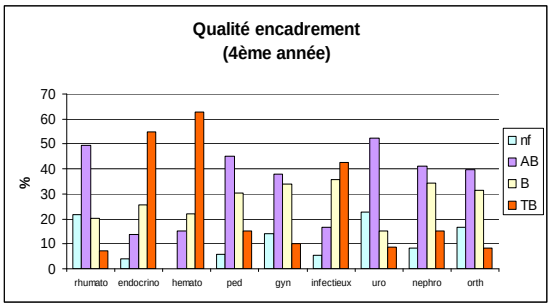
- **First clinical year**:



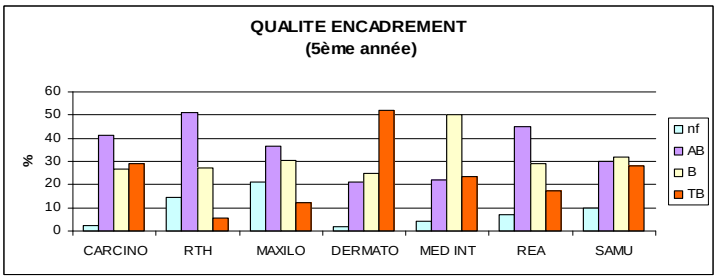


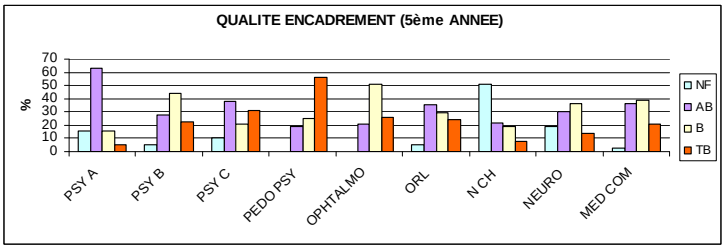
- **Second clinical year :**





- **Th[rd]CY**





14. What uniform criteria are used to evaluate clinical training programs?

There is a follow-up of the percentages of success in the OSCE tests during clerkships and internships (Appendix 42 and 43).

15. As to each clinical affiliate, supply its (a) address, (b) core and (c) elective clinical clerkships available students, and (d) accreditation council for graduate medical education and American osteopathic association postgraduate training programs at the clinical affiliate.

There are no elective clinical clerkships affiliates in our School of Medicine.

16. Discuss the adequacy of current student study space, lounge, relaxation areas student activities center and library.

The space and design of lounge and relaxation areas (Football field, Basketball court) are little appropriate and not well equipped. The library is located next to lecture theatres, lounge and relaxation areas. Study space in the library is adequate with seating for 300 people. But, there are no study carrels and a limited number of small group rooms. The advantage that the library is so large and still has room to be improved.

17. Provide the librarian's A) Name, (B) Year of appointment, (C) Educational and experience background and indicate to whom the librarian reports.

Mrs Lobna Trablesi is the head of librarians. She was appointed at our School since she obtained her master's degree in documentation in 1998. She reports directly to the Dean of the SMS.

18. List any other school served by the library.

The library does not serve any other school.

19. Indicate the hours that the library is open for each day of the week

The library is open from 8:00 a.m. to 6:00 p.m. Monday through Friday and from 7:30 a.m. to 13:30 a.m. on Saturdays. Hours are extended as needed during exam periods each year.

20. LIBRARY HOLDINGS:

LOCATION	Volumes at years end	Volumes added this year	Serial titles received at years end	Participate in interlibrary loans (Y/N)?
Medical school or Health Center Library	24857*	84	1	(N)
List affiliated Hospital Libraries	-----	-----	-----	-----

* In addition to volumes, library holds Medicine doctoral theses presented in the four Tunisian schools of medicine.

** In recent years, we have opted for a strategy favouring electronic resources.

Actually, we have access in SMS to nine full-text electronic resources which are:

1	Science Direct (www.sciencedirect.com)	• Via SMS: Clinics of North America pack + 50 titles • Via the MHESR: Freedom collection (1800 titles) + Cell press collection (10 titles)
2	E.M.C (www.em-premium.com):	• The Forty E.M.C treatises + 80 revues from Elsevier Masson
3	SPRINGER (www.link.springer.com)	• Via SMS: 200 book titles • Via the University National Centre for Scientific and Technical Documentation (CNUDST): Springer revues since 1997.
4	HINARI (www.who.int/hinari/fr)	• With login and password
5	JSTOR (www.jstor.org)	• Via SMS: Multidisciplinary with 100 medical titles
6	WILEY (www.onlinelibrary.wiley.com)	• Via SMS: The entire collection of Wiley Blackwell.
7	SCOPUS (www.scopus.com)	• Via SMS: Bibliographic database

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8	Thomson Reuters – Essential Science Indicators (ESI) (www.esi.webofknowledge.com)	• Via SMS
9	Thomson Reuters – Journal Citation Reports (JCR) (www.admin-pps.webofknowledge.com/JCR)	• Via SMS

Professors can access the Libraries' electronic collections from off the SMS, whether from home or hospitals, through the Internet using UM ID number and a password.

Since wireless connectivity is available throughout the library, students can access electronic resources through their own laptops.

21. LIBRARY FACILITIES: (Appendix44)

Facility	Square meters	Seating Capacity
Reading areas	748.5 m²	300
Stacks	---	
Offices	4.25	
Staff workspace	25.75	
Storage (off-site)	101.25	
Conference rooms*		
Audiovisual rooms **		
Study carrels	---	
Others: Professor's room***	12.5	10

* There are 3 conference rooms: the theses defense room (100 seats, 250 m2), a meeting room and a Lecture theatre (130 seats).

** There is a videoconference room which is installed in the meeting room with a mobile unit and ISDN or IP.

*** The Professor's room which is equipped with10 seats is an opportunity for them to access the Libraries' electronic collections from the SMS. This Professor's room will be renewed by the ALUMNI association of the SMS.

22. Library circulation:

A. Total number of volumes circulated outside the library:

Library provides free document delivery to all staff and students. Unfortunately, the loan system is not yet computer-based so that we have no accurate statistics on the total number of volumes circulated outside the library.

B. Number of interlibrary loans: 0

C. Number of interlibrary borrowings: 0

23. Library budget:

A. Acquisitions, Expenditures = 2,459.800 DT

B. Salaries, wages: As provided by law, wages of the different employees of the library are paid by the state.

C. All other expenses: 0

D. Total expenditures: 2,459.800 DT.

24. Library staff:

Professional full-time: 3 employees

Non-professional full-time: 3 employees

Part-time: 0

25. Does the library holdings reflect any increase/decrease in enrolment? Explain how the adequacy is maintained.

Library holdings reflect an increase in enrolment essentially concerning electronic resources, particularly for journals and other serial publications, since most of the students, professors and staff use online resources.

26. Indicate

A) Number of photocopiers: 1; computers available for student use: 30

B) The number of classrooms: 13

C) The reading room is covered by 2 wireless systems with free access.

The entire SMS will soon be covered by a wireless system with free access.

27. Describe the professional development program for the library's and information technology staff.

There is not a well-defined development program for the library and information technology staff. However, some staff members have the opportunity to follow some professional training. Mrs. Trabelsi, the librarian, has already completed professional training about the management of libraries with specific software such as: Winisis, Virtua. In addition, she actually follows online professional training on the following topics: Open Access in Library and Standardization of University Library.

Standard B 5 c- Finances

1) Below you find copies of translated budgets of 2014 and 2015 and a draft copy of 2016 budget (respectively Appendixes 45, 46 and 47)

2014 BUDGET

Chapter	Paragraph	Section		Amount (thousand of dinars)
Resources				
01	00		Government grant for remuneration	32000
02	00		Government grant for management and the use of public facilities	250000
03	00		Government grant for interference	51000
05	05		Sales of printed copies	25000
06	11		Venue renting incomes	20000
07	01		Agreement about medical services between the university and Hedi Chaker hospital	40000
09	01		Subscription, insurance and library fees	200000
50	99		Various extra incomes	5000
			Total resources	
Expenditures				
01102	0002	000	Contractors and part time workers	32000
02201	0002	000	Water bills	10000
02201	0003	000	Electricity bills	100000
02201	0004	001	Phone bills	20000
02201	0004	002	Ethernet and data transmission	3500
02201	0005	001	Office furniture	8000
02201	0006	001	Bunker for car park	13000
02201	0006	003	Bunker indemnity for managers	7000
02201	0006	006	Gas oil for specific equipment	1000
02201	0007	001	Administrative mailing fees	1500
02201	0007	002	Post current account fees	700
02201	0008	001	The equipment of the administrative management	5000
02201	0008	002	Camera and video conference devices	4000

02201	008	004	Sport equipment	3000
02201	008	005	Teaching materials	56500
02201	009	001	Insurance of university cars	600
02201	0010	001	Buildings maintenance Cleaning	72000
	0010	002	Maintenance of university cars	5000
02201	0010	003	Office supplies maintenance	10000
02201	0010	006	Gardening fees	13000
02201	0011	001	Cleaning supplies	8000
02201	0013	000	Office supplies	5000
02201	0014	001	Form's fees	1000
02201	0015	001	Handwriting documents, books and magazines	15000
02201	0016	00	Newspapers and journals	2500
02201	0018	001	Newspapers adverts	1500
02201	0019	001	The sale of some needs and equipment	10000
02201	0019	003	Maintenance fees	6000
02201	0019	004	Web site development	6000
02201	0020	001	"ADAB" software fees	3000
02201	0020	003	"Rached"software fees	500
02201	0021	001	Reception fees	4000
02201	0021	002	Accommodation fees	3000
02201	0022	000	Mission fees	19000
02201	0023	002	Staff and receptionist's uniforms	15500
02201	0023	004	Officer medical and paramedical personal	6000
02201	0024	001	Daily grant for commuting	2000
02201	0024	003	People's transportation reimbursement	400
02201	0025	001	Local transportation fares	2000
02201	0025	003	Overseas transportation fees	12000
02201	0028	001	Training courses	4000
02201	0028	004	IT training	5000
02201	0029	001	Nutrition expenses	23000
02201	0030	001	Medicine fees	300
02201	0031	000	Exam organization	5000
02201	0033	001	The sale of animals	1000
02201	0033	002	Animal care	1500
02201	0035	000	Chemical products	3000
02201	0040	001	Tax disc	1000
	0040	002	Motorway's fees	1000
02201	0045	000	Various monetary compensation	1000
03300	0002	000	Grants assigned abroad	10000
03302	0005	002	Privacy cooperatives	2000

03302	0008	001	Worker's association	4500
03302	0008	099	Other associations	4000
03302	0099	005	Students medical insurance	8500
03303	0003	000	Educational trips	2300
03303	0040	000	Awards and bonuses	4500
03304	0002	000	Grant for scientific association	5000
03304	0004	000	Organizing scientific conference and events	5000
03304	0041	001	Contract's fees	20000
03304	0041	003	The development of work equipment within the company	12000
03304	0041	002	Participants in the implementation of the rental contracts	8000
03305	0006	002	Organizing festivals and cultural events	2000
03305	0007	002	Grants for cultural association	700
03305			Grants for the benefit of youth organizations and sports association	2500
			Total expenditures	623000

2015 BUDGET

Chapter	Paragraph	Section		Amount (thousand of dinars)
Resources				
01	00		Government grant for remuneration	30000
02	00		Government grant for management and the use of public facilities	255000
03	00		Government grant for interference	53000
05	05		Sales of printed copies	30000
06	11		Venue renting incomes	25000
07	01		Agreement about medical services between the university and Hedi Chaker hospital	40000
09	01		Subscription, insurance and library fees	200000
50	99		Various extra incomes	5000
			Total resources	638000
Expenditures				
01102	0002	000	Contractors and part time workers	30000

02201	0002	000	Water bills	13000
02201	0003	000	Electricity bills	100000
02201	0004	001	Phone bills	21000
02201	0004	002	Ethernet and data transmission	3500
02201	0005	001	Office furniture	10000
02201	0006	001	Bunker for car park	14000
02201	0006	003	Bunker indemnity for managers	7600
02201	0006	006	Gas oil for specific equipment	1000
02201	0007	001	Administrative mailing fees	600
02201	0007	002	Post current account fees	100
02201	0008	001	The equipment of the administrative management	2000
02201	0008	002	Camera and video conference devices	1500
02201	008	004	Sports equipment	4000
02201	008	005	Teaching materials	55000
02201	008	009	Cleaning equipment	2000
02201	009	001	Insurance of university cars	600
02201	0010	001	Buildings maintenance	65000
	0010	002	Maintenance of university cars	6000
02201	0010	003	Office supplies maintenance	6000
02201	0010	006	Gardening fees	14000
02201	0011	001	Cleaning supplies	11000
02201	0013	000	Office supplies	12000
02201	0014	001	Form's fees	700
02201	0015	001	Handwriting documents, books and magazines	20000
02201	0016	00	Newspapers and journals	2000
02201	0018	001	Newspapers adverts	500
02201	0019	001	The sale of some needs and equipment	13700
02201	0019	003	Maintenance fees	5000
02201	0019	004	Web site development	7000
02201	0020	001	"ADAB" software fees	3000
02201	0020	003	"Rached"software fees	1000
02201	0021	001	Reception fees	2500
02201	0021	002	Accommodation fees	4000
02201	0022	000	Mission fees	20000
02201	0023	002	Staff and receptionist's uniforms	25500
02201	0024	001	Daily grant for commuting	1000
02201	0024	003	People's transportation reimbursement	200
02201	0025	001	Local transportation fares	1000

02201	0025	003	Overseas transportation fees	14000
02201	0028	001	Training courses	4000
02201	0028	004	IT training	5000
02201	0029	001	Nutrition expenses	23000
02201	0030	001	Medicine fees	300
02201	0031	000	Medicine fees	100
02201	0031	000	Exam organization	6000
02201	0033	001	The sale of animals	1000
02201	0033	002	Animal care	1000
02201	0035	000	Chemical products	1000
02201	0037	000	Medical committees	100
02201	0040	001	Tax disc	700
	0040	002	Motorway's fees	1500
02201	0045	000	Various monetary compensation	300
03300	0002	000	Grants assigned abroad	5000
03300	0003	002	Subsidies for needy students	3000
03302	0005	002	Privacy cooperatives	1600
03302	0008	001	Worker's association	21100
03302	0008	099	Other associations	2000
03302	0099	005	Students medical insurance	8800
03303	0003	000	Educational trips	500
03303	0040	000	Awards and bonuses	4500
03304	0002	000	Grant for scientific association	1000
03304	0004	000	Organizing scientific conference and events	2500
03304	0041	001	Contract's fees	28000
03304	0041	003	The development of work equipment within the company	12000
03305	0006	002	Organizing festivals and cultural events	1000
03305			Grants for the benefit of youth organizations and sports association	2000
			Total expenditures	638000

2016 BUDGET (DRAFT COPY)

Chapter	Paragraph	Section		Amount (thousand of dinars)
Ressources				
01	00		Government grant for remuneration	30000
02	00		Government grant for management and the use of public facilities	403200
03	00		Government grant for interference	105000
05	05		Sales of printed copies	30000
06	11		Venue renting incomes	27000
07	01		Agreement about medical services between the university and Hedi haker hospital	40000
09	01		Subscription, insurance and library fees	200000
50	99		Various extra incomes	5000
			Total resources	840200
Expenditures				
01102	0002	000	Contractors and part time workers	30000
02201	0002	000	Water bills	13000
02201	0003	000	Electricity bills	200000
02201	0004	001	Phone bills	20000
02201	0004	002	Ethernet and data transmission	3500
02201	0005	001	Office fourniture	10000
02201	0006	001	Bunker for car park	14000
02201	0006	003	Bunker indemnity for managers	8000
02201	0006	006	Gas oil for specific equipment	1000
02201	0007	001	Administrative mailing fees	1000
02201	0007	002	Post current account fees	700
02201	0008	001	The equipment of the administrative management	6000
02201	0008	002	Camera and video conference devices	7000
02201	008	004	Sports equipment	4000
02201	008	005	Teaching materials	60000
02201	009	001	Insurance of university cars	600
02201	0010	001	Buildings maintenance	93000

	0010	002	Maintenance of university cars	8000
02201	0010	003	Office supplies maintenance	12000
02201	0010	006	Gardening fees	13000
02201	0011	001	Cleaning supplies	9000
02201	0013	000	Office supplies	12000
02201	0014	001	Form's fees	2000
02201	0015	001	Handwriting documents, books and magazines	10000
02201	0016	00	Newspapers and journals	2000
02201	0018	001	Newspapers adverts	500
02201	0019	001	The sale of some needs and equipment	14000
02201	0019	003	Maintenance fees	6000
02201	0019	004	Web site development	7000
02201	0020	001	"ADAB" software fees	3000
02201	0020	003	"Rached"software fees	1500
02201	0021	001	Reception fees	2000
02201	0021	002	Accommodation fees	3000
02201	0022	000	Mission fees	25000
02201	0023	002	Staff and receptionist's uniforms	26000
02201	0024	001	Daily grant for commuting	2000
02201	0024	003	People's transportation reimbursement	400
02201	0025	001	Local transportation fares	2000
02201	0025	003	Overseas transportation fees	15000
02201	0028	001	Training courses	8000
02201	0028	004	IT training	3000
02201	0029	001	Nutrition expenses	24000
02201	0030	001	Medicine fees	300
02201	0031	000	Medicine fees	100
02201	0031	000	Exam organization	6000
02201	0033	001	The sale of animals	1000
02201	0033	002	Animal care	1000
02201	0035	000	Chemical products	2000
02201	0037	000	Medical committees	100
02201	0040	001	Tax disc	700
	0040	002	Motorway's fees	1500
02201	0045	000	Various monetary compensation	300
03300	0002	000	Grants assigned abroad	1100
03300	0003	002	Subsidies for needy students	3000
03302	0005	002	Privacy cooperatives	2000
03302	0008	001	Worker's association	57500
03302	0008	099	Other associations	2000
03302	0099	005	Students medical insurance	8500

03303	0003	000	Educational trips	900
03303	0040	000	Awards and bonuses	5000
03304	0002	000	Grant for scientific association	3000
03304	0004	000	Organizing scientific conference and events	5600
03304	0041	001	Contract's fees	28000
03304	0041	003	The development of work equipment within the company	12000
03305	0006	002	Organizing festivals and cultural events	4500
03305	0012	005	Grants for the benefit of youth organizations and sports association	3000
			Total expenditures	840200

2) As the SMS is an administrative public institution, the budget is subjected to control by the public controller of treasury.

The blanket commitment of each budgetary section must be validated by the public controller of treasury. You find in appendix 48 (2013) and appendix 49 (2014) a report of blanket commitments validated by the public controller of treasury of all commitments listed in appendix 47 (2013) and appendix 50 (2014).

3) The SMS has two types of budgets: management and investment budget.

The first one (management= includes the usual common resources which are their own resources and the endowment/grants allocated from the state budget to support the Academic proceedings and the management expenses.

The second one (investment) contains the investment resources including the state granted endowment.

The management expenses are split into 4 categories:

1. Public remuneration
2. Services means
3. Public intervention
4. Unrestricted budget will be distributed later

Regarding management budget, every year in March the Chief Financial Officer defines the needs of all School departments, laboratories and research units in terms of supplies, materials and equipment needed to run them and to achieve the goals of education in the best conditions in the next budget year. The Chief Financial Officer with the help of the Dean and the Registrar prepare the draft copy of the budget by referring to the requests, the existing stock as well as the rate of the last three years of consumption. Then this draft is sent to the University for approval. After a careful study, the University principal will send to the SMS an explanation letter in which he gives details about the amounts of the allocated grants.

Once the draft budget is approved we move on to its validation at the ADEB system (Budgetary decision making support) to get a final budget. If the University approves this, we prepare the provisional commitments (Appendix 47) relative to each budgetary column and send it to the controller of the treasury for approval and validation. The ADEB system is using only Arabic language support.

As for title 2 investment budget, the School Scientific Council approves the creation of research units and laboratories which are financed by the MHESR (the budget is assigned by the state). This dynamics assists the different participants in these research units to be up to date with scientific progress and discoveries.

Each head of unit or laboratory is expected to present an annual activity report in which he presents all the list of research works, the missions, and training courses organized by the unit or the laboratory. This report serves as a further means of control for MHESR; this report is added to the proposal program of employment of the future needed funds.

The activity report and the forecast of the required funds are sent to the MHESR to be approved. When the Ministry agrees on the distribution of funds, it sends us a payment card, this later is sent to the accountant who gives us a collection and a

certificate of receipt. The employees of Financial Department prepare a withdrawal credit card which will be sent with the operating program to the state controller of treasury to be validated on "ADEB" program. After that, we send these credit cards again to the Ministry to be approved and signed by the minister and finally these cards are transferred to the accountant to be validated on ADEB.

4) The staff members who are responsible for the development and approval of the budget for each fiscal year are:

Title 1: 2014

The President of the University: Mr Ezzeddine Bouassida

The Dean: Mr Khaled Zghal

The Registrar: Mr Habib Chebby

The Chief Fiscal Officer and his subordinates: Mr Kamel Ghribi, Mrs Ines Benali and Mrs Imen Kammoun

Title	Name	Resposabilities
The President of University	Mr Rafik Bouaziz	Approval of the budget Grant allocation
The Dean	Mr Samy Kammoun	Forecast of future expenditure
The Registrar	Mr Habib Chebby	Forecast of the future expenditures
The Chief Fiscal Officer	Mrs Ines Benali	Allocation of resources between the different budgetary sections

Title 1: 2015

The President of the University: Mr Rafik Bouaziz

The Dean: Mr Samy Kammoun

The Registrar: Mr Habib Chebby

The Chief Fiscal Officer and her subordinate: Mrs Ines Benali and Mrs Imen Kammoun

Title	Name	Responsibilities
The President of University	Mr Rafik Bouaziz	Approval of the budget Grant allocation
The Dean	Mr Samy Kammoun	Forecast of future expenditure
The Registrar	Mr Habib Chebby	Forecast of the future expenditures
The Chief Fiscal Officer	Mrs Ines Benali	Allocation of resources between the different budgetary sections

5) The SMS encourages specific projects such as the creation of a Simulation Center which requires about 660.000 TDN financed by the government via a loan from the World Bank. These projects have good impact on the teaching quality and scientific research as well as demonstrated by results such as number of scientific production; number of teachers integrated in the project, number of practical courses. The SMS controls the efficiency of these projects and insures its effectiveness in fulfilling the SMS mission and goals.

6) The budget of the SMS (title 1) is not divided between departments. The budget allocated by the government (title 2) is addressed to all research units and laboratories to finance research studies.

7) The government promises to sustain the accreditation project of SMS by giving more grants. The SMS aims to expand and enlarge its relations with the environment by increasing the number of analysis which can be sold to private hospitals.