Faculté de Médecine de Sfax

Université de Sfax

MEDICAL SCHOOL OF SFAX
ACCREDITATION COMMITTEE

THE SELF STUDY REPORT

FEBRUARY 2016

Name of the institution:

Faculty of Medicine of Sfax, Sfax University

Tel: 0021674240213

Fax: 00 216 74 246 217

Website: http://www.medecinesfax.org/

Contact Person: Mohamed JALLOULI, MD, FACS

Contact Position: President Accreditation Committee

Email: jallouli_mohamed@medecinesfax.org

Foreword

Offering the better care to patients is the concern of all the physicians. This obliges us, as teachers, to assure the better training quality for all our students. This search of quality has pushed us to adopt this culture since few years.

We began by evaluating our faculty via an external audit [CIDMED (International Conference of the Deans of the Francophone Faculties of Medicine) in 2000 and 2004] and realized some steps:

-ISO 9001 for the organization of the exams in 2014

-CIDMEF label in 2014

-Set up a skill lab in 2014

-and apply for accreditation with the hope that we will be accredited as soon as possible.

This accreditation represents for us an occasion to be sure of the value of our diplomas and that they meet the standards to improve our international visibility and to permit a better integration of our faculty in this world which is more and more exigent especially with the more precious thing we have : our health.

Our approach is integrated in a national policy aiming, at first, to accredit the health sciences and engineering faculties and institutes.

Before concluding, I want to thank all the participants in the accreditation commission who believed to this project and hardly worked to put our faculty on this way.

The Dean

Professor Samy Kammoun

Preface

To improve the performance of our medical school and our ability to meet the requirements of medical education, the scientific council of our institution has decided to engage a process of accreditations according to the internationals standards (October, 2014).

The faculty of medicine of Sfax, Sfax University, has taken the initiative in being the first medical school in Tunisia to perform a self-study set in accordance to international standards.

The accreditation oversight committee has been responsible for performing the first self-study of our faculty of medicine.

The accreditation committee was composed by 54 members and has accumulated more than 3,500 hours of work. It was for me an honour to coordinate this wonderful team.

I am delighted and extremely proud of the entire members of the accreditation committee, its administrative staff as well as the afflicted faculty members, for their hard, voluntary and finical work.

I would like to express my gratitude for to all the members of the faculty of medicine of Sfax for answering the extensive questionnaires.

The think tank at the sub committees allowed us to propose and implement the necessary corrective measures.

I would like to thank the Dean and faculty council for its reactivity and its unconditional support to our work, tell-tale the irreversible commitment of our institution to adhere to international standards.

This work aim to be:

- **Homage to the founders**
- **A downtime and collective reflection**
- **A roadmap to the improvement of our institution**

Wishing you a safe receipt of the Report (and associated materials), I remain available for any request.

Yours sincerely,

Mohamed JALLOULI, MD, FACS.

Associate Professor.

President of the Accreditation Committee

Methodology

We conducted the self-study in three steps:

Step 1:

(January –May 2015):

Subcommittee meeting according the following schedules.

Oversight committee meeting every three weeks.

Steps 2:

(June- September 2015)

-Oversight committee meeting twice a week, to discuss problem needing attention and to propose possible solutions and strategies.

-Discussion with the Dean and the scientific council about solutions and strategies for change. (Two meeting)

-Approval by the Dean of the final documents.

- Compilation of appendixes

Step 3:

September 2015

Documents Review by Mss. Hannen Farjallah (English teacher in our institution)

This work allowed us to implement in our institution reforms needed to overcome the detect weaknesses.

This work has been possible, thanks to the self-abnegation of the following task force:

Governance and Administration	
Chair: Jalel GARGOURI	
Co-Chair: Mohamed BELHAJ	
Given name/Family name	Email
Mohamed ZRIBI	med.zribi_orth@yahoo.fr
Ikram BEN AMOR	ikbeam@yahoo.fr
Basma MAAZOUN	basma-maazoun@live.fr

Educational Program and Structure	
Chair: Héla KARRAY HAKIM	
Given name/Family name	Email
Zouheir SAHNOUN	zouheir.sahnoun@fmsf.rnu.tn
Héla MAKNI FOURATI	hela.fourati@tunet.tn
Mohamed BEN AMAR	benammed@yahoo.fr
Héla MNIF	mniffe@yahoo.fr
Lamia FEKI BERRAJAH	lamiasfax2003@yahoo.fr

Faculty	
Chair: Jihène ALOULOU	
Given name/Family name	Email
Leila ABID	leilaabidt@yahoo.fr
Jihène BEN THABET	kamounjihene@yahoo.fr
Mariem DAMAK	mariem_benamar@yahoo.fr
Abdessalem HENTATI	slim_hentati1987@hotmail.fr

Students	
Chair: Mohamed BEN AMAR	
Co-Chair: Moez TRIGUI	
Given name/Family name	Email
Ahmed HAKIM	ahmed.hakim@hotmail.fr
Ahmed GUIRAT	ahmedguirat@yahoo.fr
Malek MNEJJA	mnejjamalek@gmail.com
Basma MNIF	basma_mnif@yahoo.fr
Yosr HENTATI	yosr.hentati@yahoo.fr
Balkis ABDELMOULA	abdelmoula.balkiss@gmail.com

Basic Science	
Chair: Sourour NEJI	
Co-Chair: Slim CHARFI	
Given name/Family name	Email
Hayet SELLAMI	h_sellami@voila.fr
Kamilia KSOUDA	kamilia_ksouda@yahoo.fr
Hanene Affes	

Clinical science	
Chair: Sondes HADIJI	
Given name/Family name	Email
Boussayma HAMMAMI	boussaymahammami@yahoo.fr
Makram KOUBAA	makram.koubaa@gmail.com
Wiem BEN AMAR	wiembenamar@yahoo.fr

Finances	
Chair: Ines BEN MOUSSA	
Given name/Family name	Email
Imen KAMMOUN	imenkhlif@yahoo.fr

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

Section I: Institutional Setting

A. Governance and Administration

1. Describe how institutional priorities are set. Evaluate the success of institutional planning efforts and discuss how planning has facilitated accomplishment of the school's academic purpose, research prospects, and goals of the clinical enterprise.

The priorities are established by the School itself according to its orientations and choices that emanate from the suggestions of the different committees and the school plan. These priorities must be in compliance with those of the Ministry of Higher Education and Scientific Research (MHESR).

The usefulness and success of institutional planning are shown through the programs and the school administration. For example:

- Improvement of theoretical teaching: Campus program initiated in 2006 for 3 years, grant from European Union. The purpose of this program was the implementation of e-learning. The number of e-learning modules has increased from 6 to 120.

- Improvement of clinical teaching: PAQ (quality improvement) initiated in 2009 for 5 years: this program was financed by the World Bank. The aim of this program was to set up OSCEs, to introduce simulations, and to reorganize lab teaching.

- Improvement of clinical skills by installation of a simulation center (PARESS II) in September 2015. It will be financed by the European Union.

- Quality control of the exam procedures.

Strengths:

- The proposals of the committees are discussed in the School Council, which makes decisions,

 The scientific council is elected for three-year-mandate by all teachers

- The establishment of many research units and laboratories funded by the MHESR

- The setup of a committee of international relations four years ago

- Accreditation implementation

Weaknesses:

- Absence of a total autonomy (academic and financial dependence)

- Insufficient funding of research units and laboratories

- The school is a nonprofit institution

- Promote good governance at all levels and have academic autonomy, according to the recommendations of the commission of the Higher Education reform (Appendix 51). Our School will be included in this reform.

- Increase the sum of money allocated to the research units and laboratories.

2. Evaluate the role of the governance structure in the administrative functioning of the medical school. Is the governance structure appropriate for an institution of this size and characteristics? Describe any situations that require review by or approval of the school's governing board prior to taking action.

The governance structure leads all administrative staff and affairs under the laws of the civil service. It is compatible with the size and nature of activities of the school (See organization chart, database document page 9). Our management strategy should evolve to be more independent.

Apart from the current affairs which are managed according to regulations, everything else is subject to the approval of the School Council or the Dean who recommend their instructions to the administration and may include the following: changing the course of theoretical instruction and practical organization of the scientific events under the auspices of the school, creation of research units and laboratories, creation of new committees, appointment of academic staff, awarding training grants for residents and teachers, approval of a teacher transfer, derogation Registration, and creation of postgraduate degrees. The Council shall appoint and delegate authority to the juries of exams for the proclamation of results. The School Council has a consultative role and it's the main advisor of the Dean.

Strengths:

- The Dean has the authority to decide without consulting the School Council. This allows him to take day to day decisions.

- The School Council meets at least monthly.

- Students and civil societies are represented in the School Council.

Weaknesses:

- The Dean has the authority to decide without consulting the School Council. This can lead to situations of non-collective decision-making.

- Lack of autonomy of financial decision.

- Promote good governance at all levels and establish university autonomy, according to the recommendations of the commission of the Higher Education reform (Appendix 51). Our School will be included in this reform.

3. Evaluate the relationship of the medical school to the university and clinical affiliates with respect to:

a. The effectiveness of the interactions between medical school administration and university administration.

b. The cohesiveness of the leadership among medical school administration, health sciences center administration, and the administration of major clinical affiliations.

The Dean is a member of the University Council. He explains and justifies the School's projects. There is also a close relation between Sfax Medical School (SMS) and the University administrations.

The Dean and six University academic staff (the president of the medical committee, three department heads, a representative of Professors and Associate Professors and a representative of Assistant professors) are members of the Administrative Council of each University Hospital. They act directly in politics policy and the choice of these institutions. Moreover, the hospital coordinator, appointed by the Dean, represents the School in hospitals which are annexed to the School.

Strengths:

- Academic staff is well represented in the Administrative Council of each University Hospital.
- Sitting of the Dean in the University Council.

Weaknesses:

- The president of the Administrative Council of University Hospital is appointed by the Ministry of Health (MH) and does not belong to the faculty.
- The hospital managers are not physicians.
- Hospitals reports to the MH and the faculty reports to MHESR.

Suggestive corrective actions:

- The president of the Administrative Council of University Hospital should be a professor.

- Creation of a Medical Officer in University Hospitals.

4. Assess the organizational stability of the medical school administration (Dean, Dean's staff). Has personnel turnover affected medical school planning or operations? Are the numbers and types of medical school administrators (Assistant/Associate Deans, other Dean's staff) appropriate for efficient and effective medical school administration?

The members of the School Council and the Dean are elected in the same position for three years. The Chief Administrative Officer is appointed for three years which could be renewable. The administrative staff is fairly stable since it is a public service and , therefore, the mobility is limited. The chairs of Departments are elected for three years and may be renewed once.

The turnover of the medical and administrative personnel is reduced because the school is public.

The SMS has sufficient and competent administrative staff. Professor Kammoun was elected as a Dean of our school in August 2014. He had been the deputy Dean of Academic Affairs for the previous 6 years; he is chair of Department of Pneumology and the coordinator of the Geriatrics section of the Sfax Superior School of the Sciences and Techniques of Health. He is an experienced leader, administrator, clinician, scholar and researcher and his stable tenure since 2014 has proven extremely effective in planning and achieving institutional priorities.

Strengths:

- Stability of the staff.

Weaknesses:

- Very small turnover.

- Recruitment of administrative staff following the rules of the public service. The choices remain limited. In case of poor performance of one of these, there are only few options to address the performance.

- No overlap period at the level of the Dean and members of the board.

B. Academic Environment

5. Evaluate the graduate program(s) in basic sciences, including involved departments, numbers and quality of graduate students, quality of coursework, adequacy of financial support, and overall contribution to the missions and goals of the medical school. Describe the mechanisms for reviewing the quality of the graduate program(s) in basic sciences and comment on their effectiveness. Assess whether the graduate programs have an impact (positive or negative) on medical student education.

Despite the fact that the basic science departments do not directly offer a Masters program, there is a vigorous research environment in the SMS. In fact, there are 3 well-funded research laboratories and 3 Research Units which effectively provide training for graduate students.

Research laboratories are the laboratory of parasitic and fungal molecular biology, human genetic molecular, and applied human and comparative anatomy. The Research Units belong to the Departments of Pharmacology, Microscopic Anatomy and Biochemistry. Others basic science departments have laboratories or research units which are financially dependent on correspondent hospital and the MH. In 2014-2015, the basic science laboratories and research units of the SMS provided training for 13 MA and 63 Ph.D. students enrolled in many institutions belonging to Sfax University (essentially faculty of Sciences and School of Engineering) and Gabes University. This collaboration provides graduate training and research opportunities at the interface between medicine and engineering. Furthermore, residents participate actively in research activities.

Graduate programs are reviewed frequently by their school governance structures. They are vibrant with high-quality students; generate numerous research collaborations across departments and foreign universities.

Research activities are evaluated during laboratory evaluation by the MHESR, and scientific research is evaluated by individual departments as part of ongoing operational oversight. According to this evaluation, the Ministry determines the level of financial support.

The high quality graduate research and health professional education programs contribute logically to a rich scholarly learning environment for MD students who have many opportunities for interaction with graduate students. Unfortunately, our graduate students have a limited direct impact on medical education. In fact, laboratory research experience is not a component of most medical courses. Furthermore, few medical students enroll in graduate courses. Graduate students can, however, keep providing fertile settings for medical students who voluntarily engage in research.

The School is also currently very interested in expanding the MD/PhD program as it is an important source of future clinician scientists. In fact, there has been an improvement in tracking the career paths of the MSc/PhD graduates which is directed by SMS (Appendix 11*). This year, the Research Committee suggested the implementation of two Master's degree programs in biotechnology in medical sciences and clinical research. Medical students can enroll in these Masters degree programs. All departments in the basic sciences will engage actively in these programs of graduate education. Thus, we want to establish a doctoral school at our premises in two years. The Laboratory of Parasitology was awarded this year by the president of the Republic of Tunisia the "Presidential Award of Scientific Research". This award recompenses years of research with 8 patents and many publications.

6. Evaluate the impact of residency training programs and continuing medical education activities on the education of medical students. Describe any anticipated changes in graduate medical education programs (numbers of residents shifts in sites used for training) that may affect the education of medical students.

-Each department in UHHC and UHHB has residents (see tables pages 71-75, database B5/a-3). Residents play an important role in the teaching of medical students during Clerkships and internships under the supervision of the School and Clerkship tutors.

-Medical students are encouraged to attend conferences, seminars, rounds and other departmental events which take place at our school.

Weaknesses:

There are no residents in the majority of departments of regional hospitals: Mahres, Jebeniana and Kerkennah. But, the Departments of Orthopedics and Gynecology in the regional hospitals of Gabes and Medicine sometimes host residents.

Suggestive corrective actions:

-Residents must have school appointments, emphasizing their contribution to teaching, and the Resident Orientation program includes expectations and details about their teaching role.

7. Evaluate the research activities of the faculty as a whole, including areas of emphasis and level of commitment, quality, and quantity in the context of the school's missions and goals.

SMS teachers have three missions: clinical activity, academic teaching and research (Appendix 29). During the past 15 years, research activity has been commonly done in a framework of "research units" and "research laboratories" funded by the Ministry of Higher Education and Research. In 2014, these structures consisted of 3 "laboratories of research" and 10 "research units " with a budget of around 283000 DT (equivalent to 145510 USD, (1DT= 0,51417 USD *Jun 24,2015 12:07 UTC)* . Their research fields are numerous, namely parasitology, human genetics, pharmaco-toxicology, histopathology, medical imaging, hematology, oncology, ENT, nephrology, and pediatrics. The School members involved in these structures provide the supervision of **105** students directly included in research and who come essentially from the faculty of sciences and the school of engineers and rarely residents or Assistant Professors of SMS. Medical students participate in research only through preparation of some scientific theses. In 2014, 159 scientific papers were published.

Strengths*:*

- Improvement of the research activity through the implementation of these research structures with regular funding depending on their activities.

- Implementation of research Masters degree since 2015-2016.

- The "Presidential Award of Scientific Research" obtained by the Laboratory of Parasitology.

Weaknesses:

- Funding remains inadequate because of the increase of the research activity expenses.

- The research activity is often pursued within the framework of a diploma-awarding activity which does not allow sustainability of thematic research.

- The multiplicity of research themes leads to the weakening of efforts and resources.

Suggestive corrective actions:

- Our SMS has to establish a strategy of medical research to fix priorities.

- The implementation of doctoral school.

8. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate any trends in the amount of intramural support for research and the level of assistance available to faculty members in securing extramural support.

The space for the research activity is acceptable but can be improved. The equipment is also sufficient but must be improved. In recent years, the faculty of medicine has focused on support for common equipment and core facilities (e.g. genomics facility).

The number of students is sufficient. A student can apply for scholarships for their doctoral study.

<u>Strengths</u>*:*

Regular governmental financing with improvement of the technical platform

<u>Weaknesses</u>*:*

Bureaucracy and slow administrative procedures hinders research

Collegial work among research teams is improving but remains insufficient. Access to some research facilities is sometimes difficult.

<u>Suggestive corrective actions:</u>

The spirit of teamwork needs to be strengthened. Pre-established research programs that combine several teams allow the strengthening of this attitude, to improve the performance of the various activities of research with the lowest cost possible.

Encourage researchers to seek, for a personnel grant.

9. Assess the impact of research activities on the education of medical students, including opportunities for medical student participation in research.

The high quality of graduate research and health professional education programs contribute logically to a rich scholarly learning environment for MD students who have many opportunities for research activities. Unfortunately, the impact of research activities on the medical education is very limited. In fact, laboratory research experience is not a component of most medical courses. However, medical students can voluntarily engage in research.

Since this year, 4 seminars in initiation to the medical research are mandatory to the students of the 3rd clinical year and internship student.

Section II: Educational Program

    A- Educational objectives

1. Indicate the level of understanding of the school-wide objectives for the educational program among administrators, faculty members, students, and others in the medical education community. Do these objectives serve as effective guides for educational program planning and for student and program evaluation?

The current school-wide educational objectives were formulated by the Faculty Council and were defined by joint order of the MHESR and the MH. The Vice-Dean, Director of Academic Affairs and the Dean explain these objectives to the incoming first-year class at the beginning of the academic year and inform them how these objectives will guide their medical education. These objectives effectively drive curriculum content, assessment methods, and methods of instruction. They are posted on the faculty website, and the objectives specific to each discipline are included in its syllabus packet. The Vice-Dean, Director of Academic Affairs and the Scientific Council monitor their overall coverage.

The objectives and expectations for the clerkship are communicated by the Director of Clinical Affairs to the students and the teachers just prior to the beginning of each semester. For the clerkship, each clinical site has a Hospital Coordinator who serves as a liaison to the Director of Clinical Affairs. Within each clinical department, students are supervised by a tutor who insures the completion of the objectives and reinforces administrative policies.

Objectives of courses or clerkship are reviewed, when required, by the Scientific Council. In recent years, the hour's volume of the plenary lectures and the practical or tutorial classes was reduced and introduction of tutorial classes in the teaching of semiology and therapeutic disciplines was initiated In addition, a reform of the clerkships was started in September 2014 in order to allow all students to pass by all the clinical services corresponding to the disciplines taught during their level of studies. Tutorial classes during the clerkships were initiated in 2013 /2014 in order to support the clinical reasoning learning.

<u>Strengths:</u>

- The objectives of educational program are well known by all.

- The objectives of educational program are comprehensive and well specified.

<u>Weaknesses:</u>

- The governmental law doesn't confer academic autonomy to the faculty for any important curriculum change without the approval of the Ministry.

Suggested corrective actions:

- Establish academic autonomy, according to the recommendations of the commission of the Higher Education Reform (**Appendix 51**). Our School will get involved in this reform.
- Communicate more actively the mission and objectives to the teachers, to the political authorities and to the public.

2. Comment on the extent to which school-wide educational objectives are linked to physician competencies expected by the medical profession and the public. Summarize results from any associated outcome measures that demonstrate how well students are being prepared for the next stage of their training.

The program of medical studies taken by the SMS students is based on the objectives defined by the legislation of the medical studies (**Appendix 3**). In the recent years, several initiatives have been developed to better align our educational program to the objectives of the Family Medicine Department defined by the legislation (**Appendixes 4, 17**).

The bond of school-wide educational objectives with physician competencies occurs at both academic cycles (the Preclinical and Clinical years).

Curriculum competencies and program objectives are based on the following skills: Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. These skills and program objectives are mapped to course objectives and are longitudinally achieved in the curriculum within each of the three program levels (Basic sciences, Clerkships and Internships). The basic science courses of the first two pre-clinical years prepare the students for the clinical training**.**

Outcome measures that demonstrate how well students are being prepared for the next stage of their training include OSCE evaluation, assessment in each academic level, and the performance of the graduates in the National Residency Examination. At each level, student progress is directly based on assessment derived from the skills. At the end of every level of studies, OSCE evaluations are part of the evaluation process to ensure program effectiveness and that students are progressing appropriately in their training prior to beginning the next level of the curriculum. Student evaluations are also based on the validation of the objectives

taken by the checklist in the clinical rotations. The students have to validate all clerkships and be successful in the OSCE evaluation to pass to the following level.

Strengths:

- Significant changes in the medical curriculum were carried out in response to the external evaluation of the school made by the CIDMEF (International Conference of The Deans of France Medical Schools). This led to the reform of Family Medicine (See Database Standard B1-b, pages 18-21).

- With the Family Medicine reform, the mission and objectives were subjected to re-evaluation and improvement.

- Many stakeholders participated in this re-evaluation.

Weaknesses:

- There are no Docimology studies regarding theoretical evaluation.

- Lack of teachers and students involvement in the curriculum evaluation.

- There are no formal processes for the evaluation of any teacher's lecturing or teaching completion.

- The educational outcome is not adequately defined through skills.

Suggestive corrective actions:

- Provision of questionnaires to have feedback from students concerning the progress of teaching and clinical training during the year completed.

- Implementation of evaluation committee (June 2015) and Docimology Committee (May 2015).

3. Evaluate the adequacy of patient resources and clinical settings for achieving the school's clinical objectives.

A reform of the clerkships was started in September 2014 in order to allow all students to go through all the clinical wards corresponding to the disciplines taught during their level of studies. Each discipline-specific Clerkship Coordinator, under the responsibility of the Clerkship Director and the Committee of the Clerkships, identifies the required types of patients, clinical conditions and settings to be encountered by students to meet core skills. In addition, tutorial classes during the clerkships were initiated in 2013 /2014 in order to provide the same training for all students.

In the two main University Hospitals, the number of inpatient beds is limited compared to the number of students involved in clinical training. Students' clinical attachment in some departments is not long enough, yet the diversity of patients seen is very narrow. In addition, there is only one clinical department for each specialty, except for a few specialties. However, the two main University Hospitals have a robust activity with an important patient's turnover, providing an important number of patients who can support student training

Weaknesses:

- Inappropriate balance between number of students and patients.

Suggested corrective actions:

- Inappropriate balance between number of students and patients will be improved by:

- The implementation of a Family Medicine process in which training in general practitioners' office will be planned.

- Construction of a third University Hospital by 2018-2019.

B- Structure of the Educational Program

4. Delineate the mechanisms ensuring that the educational program provides a general professional education that prepares students for all career options in medicine. Cite relevant outcomes indicating success in that preparation.

The medical education program prepares students for all medicine career options. It provides opportunities for students to acquire an appropriate foundation in both basic and clinical sciences, to learn about societal needs and demands on health care. The curriculum covers all aspects of health care and includes a wide variety of all specialties. In the first academic cycle (two preclinical years), students receive fundamental knowledge of the basic sciences covering immunology and microbiology, the normal cell, normal organ systems across and within disciplines of anatomy, physiology, biochemistry, biophysics, genetics, biology and histology, embryology and genetics. Students are familiarized with laboratory and other practical learning environments in order to make observations of biomedical phenomena and to collect, analyze and interpret scientific data. In addition, these first two years introduce the student to the community medicine, the statistics and the methodology integrating the community public health, the community medicine and health as well as the computer tool to solve health problems. The student also learns the bases of the physical examination of the patient by a theoretical and practical teaching of the semiology.

In the second academic cycle (four clinical years), clinical aspects of the full spectrum of common and/or life-threatening conditions are presented. The clerkship includes mandatory rotations through various clinical specialties to enable students to see patients with a wide variety of conditions.

At the end of this medical curriculum, students can continue their education with a residency training program. For this, they have to take a nationwide competition which takes place every year.

Fifty percent of our students are general practitioners working in the private or public sector.

SMS students are nationally competitive for residency training programs. For the Class of 2014, the rate of success was 104/301 (34.5 %). Six among the top 10 originated from SMS.

During the 30 previous years, the majority of residents have had an opportunity to complete their training in European countries, especially in France; this supports the quality of the training in our medical school. Some of these graduates immigrate and settle in these countries.

Sfax is nowadays well-known as a health destination especially from the neighbor cities and Libyans (more than 60,000 Libyan patients are treated in Sfax every year).

Strengths:

- The medical curriculum prepares students for all career options in medicine.

- The basic science courses are diverse and cover all aspects of human body structure and function.

- The duration of pre-clinical phase of the curriculum is adequate to students' preparation to their clinical attachments.

- The clinical science courses cover all medical and surgical branches.

- An important place is given to public health, community medicine, primary care medicine and social sciences.

- Good reputation of the health facilities of Sfax among neighbor cities and Libyans.

Weaknesses:

- There are no elective courses

- Lack of students' participation in medical research.

- The curriculum format needs to be revised to be in compliance with the family medicine.

5. Discuss the types and sufficiency of educational activities to promote self-directed learning and development of the skills and habits of lifelong learning.

Unfortunately, our educational system does not promote self-learning by students. The curriculum format does not give enough time for self-directed learning. The theoretical part of the curriculum is large and always teacher-based, without student involvement in active learning. So, students have no opportunities to assess their own learning needs through the Problem- or Case-Based Learning or by Computer-Assisted Learning.

Self-learning is stressed only from the fourth year of the second academic cycle (the internship). The students are engaged in active self-directed learning during each clerkship rotation under the guidance of senior professors who help students develop a systematic approach to solving real medical problems, engaging in teamwork and fostering good communication skills. Students must read on their own if they are to participate in the care of their patients in a meaningful way. On rounds, medical students present their cases, discuss the differential diagnosis and make management recommendation. In addition, students learn how to perform a literature search.

Strengths:

- For the majority of the disciplines, the number of teachers is sufficient to change our classic system of education (teaching) and to replace it by a more practical teaching
- Existence of some facilities of infrastructure to support computer-assisted learning

Weaknesses:

- The curriculum format does not provide time for self-directed learning.
- The theoretical part of the curriculum is always teacher-based, with no student involvement in active learning.
- Small group or problem-based teaching and computer-assisted learning are deficient.
- Students do not develop necessary skills of critical judgment based on evidence and medical problem solving.
- There are insufficient clinical applications in basic science courses.
- Lack of integration between basic and clinical science faculty in preparing (clinical applications of basic science and vice versa) curriculum for applied basic sciences.
- Lack of curriculum components promoting lifelong learning
- Lack of practice training for behavioral and socioeconomic sciences and communication skills

Suggested corrective actions:

The reform program committee started work in September 2015 and is moving towards generalization of teaching in small groups focused on skills.

6. Evaluate the adequacy of the system for ensuring consistency of educational quality and of student evaluation when students learn at alternative sites within a course or clerkship.

During the two preclinical years and the three clinical years, all educational activities occur within the faculty of medicine. Clerkship experiences, however, occur mainly in UHHB and UHHC in primary care services.

Few internship students rotate in other hospitals located in the south of Tunisia (Gabès, Médenine) or around Sfax city (Kerkennah, Mahres, Djebeniana). The Director of Clinical Affairs is the first responsible for clinical training at each of clinical sites but individual tutors (one for each level) remain fully in charge of the student's global evaluation while they are at alternative sites. Furthermore, each student has a log book with detailed activities and procedures completed during the round and signed by his supervisor. Student performance on clerkship requirements is evaluated using the same conditions as the OSCE at the end of the

academic year. There are many meetings between the Dean, the Director of Clinical Affairs and students to have feedback and to identify training needs and change training priorities if necessary.

Strengths:

- The presence of Hospital coordinators and tutors in charge of students 'training activities
- OSCE

Weaknesses:

- Level of training depends to a great extent on the individual graduate's desire to get the best benefit from his rotations.

7. Comment on how well all content areas required for accreditation are addressed in the curriculum. Provide evidence that the school monitors the content covered in the curriculum to ensure that gaps or unwanted redundancies do not occur.

The curriculum is designed by the four Schools of Medicine of Tunisia and approved by the MHESR.

During the self-study, the exhaustive collection of all courses and their educational objectives given rise to the following issues;

- Course redundancies among different specialities
- No complaint-based teaching

The Curriculum Committee has to detect all redundancies in courses and implement a new curriculum based on complaint-based teaching in accordance with the international standards.

8. Evaluate the workload and balance between education and service in the clinical years. Do students receive sufficient formal teaching during their clinical clerkships?
In our system there is no formal teaching in the clinical clerkships.

During the clerkship year, students continue to develop the knowledge, skills and attitudes needed to provide care in preventive, acute, chronic, continuing, and a variety of medical settings.

The curriculum contains content to prepare our students to recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems. These content areas are

introduced in foundation courses and continue in Clerkship. Students have early clinical experiences in preclinical years (2nd year) in primary care practices and observe direct patient care and practice examination and communication skills under the direct tutoring of the school physicians.

Students' clinical attachments in some departments are not long enough, yet the diversity of patients seen is very narrow.

Suggestive corrective actions:

- Introduction of formal teaching in the clinical clerkships

- Decrease in the theoretical load of the curriculum and putting more time for clinical applications and students directed learning sessions.

- In real-life situations, students must learn to apply the concepts of wellness and the determinants of health, health promotion and disease prevention.

-In addition to basic science and clinical disciplines, the SMS curriculum must boost behavioral and socioeconomic subjects essential for the practice of medicine.

-Instruction in preventative, rehabilitative and end-of-life care must begin in Foundations and cascades to the Clerkships

-An evaluation with students about the curriculum must be done

-An index card (form) of evaluation of the theoretical and practical teaching is proposed

- Planning for elective studies in the curriculum to encourage students for in depth study of areas of interest and to identify students with special talents.

9. Assess the balance between inpatient and ambulatory teaching and the appropriateness of the teaching sites used for required clinical experiences.

Balance of inpatient and ambulatory teaching; appropriateness of clinical sites

Ambulatory and inpatient clinical experience during the clerkship and internship are well-balanced in the majority of the departments and ensure an adequate exposure to a full spectrum of patients and their pathologies to support curriculum.

Students assist in outpatient's consultation in some departments.

There is an inappropriate balance of outpatient and inpatient settings in all clinical sites.

Suggestive corrective actions:

-The time students spend in inpatient settings compared to time spent in outpatient settings must be deemed as balanced and appropriate by the Curriculum Committee. The implementation of Family Medicine will be a good solution.

C- Teaching and Evaluation:

10. Comment on the adequacy of the supervision of medical students during required clinical experiences. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching, including resident physicians and volunteer faculty members, are prepared for their teaching responsibilities.

The School and residents supervise students in clinical training and the increasing emphasis is being placed directly to school and resident observation of students.

During daily interactions with tutors and residents, students are carefully monitored and given feedback on their history-taking and physical-examination skills, oral presentations of patients, written patient notes, care of patients, and contributions to the clinical team.

Preparation of Clinicians for Teaching Responsibilities:

A notebook of clerkships, which includes objectives, is provided to the school and residents and is available in SMS. The Director of Clinical Affairs and Clerkship Director meet with the teachers to review their teaching responsibilities and the objectives of the clerkship. The Director of Clinical Affairs use student feedback to counsel the teachers on their teaching and assessment skills.

SMS provides educational seminars for all professors to develop their teaching skills (Learning by Clinical Reasoning and OSCE). SMS prepares the residents by holding problem and case clinical reasoning teachings.

11. Evaluate the adequacy of methods used to evaluate student acquisition of the objectives of the educational program. How appropriate is the mix of testing and evaluation methods? Do students receive sufficient formative assessment in addition to summative evaluations? Discuss the timeliness of performance feedback to students in the preclinical and clinical years.

Various evaluation methods are used for the summative assessment of knowledge acquisition, skill development, and human and professional attitudes. Clinical skills are assessed by OSCE exams in each of the clinical years. Knowledge acquisition is assessed through a number of written exams that incorporate a mixture of multiple-choice and short-answer formats, oral exams and laboratory-based exams. Communication and interviewing skills are assessed by the completion of OSCEs.

Formative assessment: In clinical years students are provided an ongoing formative assessment by the Tutor who directly observes their clinical skill development. A formative OSCE is used in some departments (Department of Infectious Diseases for example).

Timelines of Performance Feedback in Pre-clinical and Clinical Years

The timelines of providing students with feedback about their performance in both preclinical and clinical years is an area of interest to the SMS. The Dean and his staff directly inform all department heads that the timely reporting of grades to students is an important requirement. For written exams, scores are reported to students within 4 weeks of the completion of the assessment. For OSCE exams, scores are available for students within 4 weeks of the completion of the assessment. Final grades are reported within 2 weeks of the conclusion of the course.

Strengths**:**

- SMS use various methods of evaluation

- The implementation of the OSCE assessment

- Reduced the timelines of performance in OSCE assessment to 48 hours.

 Weaknesses**:**

- The lack of formative assessment in preclinical and clinical years
- The evaluation is based mainly on the domain Knowledge

12. Describe the system for ensuring that students have acquired the core clinical skills specified in the school's educational program objectives. Evaluate its adequacy. Are there any limitations in the school's ability to ensure that the clinical skills of all students are appropriately assessed?

Clinical sciences and their applications are taught (starting from) over the second, third, fourth and fifth year of the medical studies. During the second year, students are introduced to surgical specialties, medical specialties and psychiatry. In the third and fourth year, they study medical specialties, surgery, obstetrics and gynecology and pediatrics. The fifth year, students study otolaryngology, ophthalmology, dermatology and other specialties, community medicine and public health, forensic and occupational medicine, internal medicine and geriatrics, intensive care, and psychiatry. During these four years, Students are not actively involved in patients' care. They are usually supervised by tutors in their patients' rounds and community visits. Patients' history taking, physical examination, differential diagnosis and

management are all discussed with the tutors. Students are allowed to take a history from patients and perform physical examination, write in patients' records; however, they are not allowed to prescribe treatment or request any investigations. All their clinical experience during these years is to be acquired in the University Hospitals. In-patient rounds are far more frequent than out-patient rounds. Students also attend operating theatres for surgical procedures; however, this activity is not compulsory and is not achieved by all students. The student has to reach the goals in the checklist for each training course in each department.

The direct patient-care activities, which start in the first year of internship, improve the graduates' skills and prepare them for further professional activities.

Strengths:

-The clinical science courses are diverse and cover all general and special medical and surgical branches.

-Medical students receive summative assessments of their clinical skills at various checkpoints (end of each clerkship level) across the curriculum.

- Clinical skill exams (OSCEs) concern a skill among a list of 8 including professionalism, communication and interpersonal skills, history taking, physical exam and patient education, in a context among 3 of 17 presentations (emergency, consultation or accident), affecting a system (**Appendix 43**).

- The tests also concern a list of codified complaints affecting the various systems (**Appendix 43**).

Weaknesses:

- Inadequate student involvement in primary and secondary clinical care settings.

- Inappropriate balance between out-patients and in-patients.

- Outpatients clinics community practice isn't always part of the clinical training programs

Suggestive corrective actions:

- A program of training courses must be available at SMS for each department and each period

-The clinical training courses should emphasize and secure adequate student participation in primary and secondary health care activities.

- Extensive tutors' preparation for adequate clinical teaching.

-Out-patient and emergency clinical rounds should have more time allocated in different courses.

- Students must work in primary health care centers in urban and rural areas.

- Clear processes must be established to provide students with necessary feedback after assessment.

D.Curriculum management

13. Assess the adequacy of mechanisms for managing the curriculum and ensuring a coherent and coordinated curriculum. Do the curriculum as a whole and its component parts undergo regular, systematic review? Are there sufficient resources (for the associate dean and the curriculum committee) to support the management of the curriculum?

The curriculum is monitored by the Deputy-Dean, Director of Academic Affairs and the training courses are monitored by the Director of Clinical Affairs under the responsibility of the Board Council of School and the Dean. Since this structure was implemented in 2014, both directors have been assisted by the first (preclinical years) and second (clinical years) academic cycle subcommittees and the committee of clerkship. With the exception of the Deputy- Dean, Director of Academic Affairs and the Director of Clinical Affairs which are chosen by the School Board Council, the other members are voluntary teachers. All these stakeholders work in an "operational" capacity (See organization chart, database document page 9).

The Deputy-Dean, Director of Academic Affairs is assisted by two teachers one for each academic cycle is responsible for the design, management, supervision and assessment of the curriculum and the educational program. The Director of Clinical Affairs and his committee meet regularly to review planning, management and evaluation of the clinical rotations.

The Curriculum Committee, responsible for assessing the effectiveness of the curriculum, plan to update the medical education program in September 2016. The Deputy-Dean and Director of Academic Affairs, who chairs this committee, is working with members of the Committee to review the different components of the educational program, evaluate program effectiveness, and monitor content and workload in each discipline. This committee is also responsible for aligning the educational objectives with the goals of Family Medicine, for implementing a system for evaluation of teaching at the end of the year by the students and the teachers. The Deputy-Dean and the Curriculum Committee have sufficient authority, resources and information to undertake these actions. An exam quality management system is applied to ensure transparency and equity between students (**Appendix 33**). It has been labeled ISO 9002/2008 since 2014.

Strengths:

- There is a Deputy-Dean and Director of Clinical Affairs have defined responsibilities.

- Implementation of the Curriculum Committee that will oversee the medical education program and will assume the responsibility to guarantee better design, management, integration, evaluation and enhancement of a coherent and coordinated medical curriculum.

- An exam quality management system is applied to ensure transparency and equity between students (labeled ISO 9002/2008).

- Workshops are organized each year to train teachers in pedagogic methods and student assessment.

Weaknesses:

- Up-to-now, departmental curriculum planning activities have not been organized, nor supervised by the Deputy-Dean and Director of Academic Affairs

- Up-to- now, some teachers do not define the specific objectives of their courses.

14. Judge the effectiveness of curriculum planning at your institution. Describe efforts to ensure that there is appropriate participation in planning and that resources needed to carry out the plans will be available. How effective are the procedures to rectify any problems identified in the curriculum, and in individual courses and clerkships? Describe and evaluate.

Curriculum planning is a coordinated effort that involves the Deputy-Dean and Director of Academic Affairs, the two teachers who are responsible for each academic cycle, and quite recently the Curriculum Committee. This collaboration ensures that discussion and implementation of curricular issues occur in an embedded way and ensures continuity between all stakeholders.

The Deputy-Dean and Director of Academic Affairs reports directly to the Dean. The mission of the Deputy-Dean and Director of Academic Affairs is to plan and monitor the curriculum working closely with the Director of Clinical Affairs. He guides and directs the format and content of the curriculum, working with the Director of Clinical Affairs and the discipline heads. So, he is responsible for assessing the effectiveness of the curriculum with them to review department teaching outcomes and to identify and review the School teaching at least once per annum. He is also a member of the Board Council of the School (meeting monthly to participate in development of the School Policy). He reports to the Board Council the educational matters and gets input on the educational policy. He has sufficient authority and resources to administer the educational program.

- Many stakeholders participate in the curriculum planning

- Reaction within the constraints

15. For schools that operate geographically separate campuses, evaluate the effectiveness of mechanisms to assure that educational quality and student services are consistent across sites.

We do not at this time have a geographically separate campus for theoretical teachings.

D- Evaluation of program effectiveness

16. Describe the evidence indicating that your students are achieving institutional objectives.

The main way for judging success of the medical program is student performance in clinical and theoretical exams (end-of-block exams, OSCEs). The students' success indicates that educational objectives are being achieved and that students are well prepared to move to the next level of training.

At the end of the five-year program, the proportion of students who succeed is on average 80 percent per year (Appendix 52). Students who succeed are nationally competitive for residency training programs in every specialty. The nationwide competition as mentioned above can be used to compare student performance from other Tunisian Medical Schools' educational programs. The results also provide an opportunity to reflect and validate the clerkship curricula. Every year, 90 to 100 out of 300 students from SMS match in highly competitive specialties.

Strengths:

- Establishment of the committee of Docimology that analyzes the students' results in the OSCE.

Weaknesses:

- The student performance analysis is insufficient and the results are not used for corrective actions.

17. Discuss how information about your students and graduates is used to evaluate and improve the educational program.

Up-to-now, there is no process by which the School evaluates the medical program but there is increased awareness of the importance of the teachers and students feedback.

However, during the previous years, we discussed with the students about their suggestions and feedback.

Suggested corrective plans:

- Establishment of Evaluation Committee in June 2015.
- Starting next year, questionnaires will be sent to students for all levels to assess the educational program.

Section III: Medical Students

A. Admissions

1. Critically review the process of recruitment and selection of medical students, and evaluate the results of that process. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality? How do you validate your selection criteria?

The process of recruitment and selection of the medical students is not done by the School, but by the Office of Student Affairs in the MHESR, according to the overall average grade in the Baccalaureate obtained by all Tunisian students having the baccalaureate (Students with high grades choose Medical Schools). These criteria of selection are objective, but they are based on the Baccalaureate results and do not take into account other criteria such as the physical and psychological abilities, the suitability and the capability of the applicants to study and practice medicine. The annual student intake, determined by the MHESR, usually greatly exceeds the suggestions of the SMS.

Corrective suggestions:

- The physical and psychological abilities must be assessed at the admission.

2. Evaluate the number of students of all types (medical students, residents, visiting medical students, graduate students in basic sciences, etc.) in relation to the constellation of resources available for teaching (number of school members, space, clinical facilities, patients, educational resources, student services, etc.).

The number of medical students admitted each year has grown from 204 in 2004 to 276 in 2014.

The administrative and infrastructure resources have expanded to meet the needs of the growing students and school population. The resources available for teaching are sufficient for the number of students especially for the academic teaching (ratio students/faculty = 4.48), but the space for clinical training is insufficient. This problem will be resolved after the completion of a new hospital after few years.

The total number of students of all types is nearly 2,000.

3. Describe your goals for gender, racial, cultural, and economic diversity of students. How well have they been accomplished? Are there student support programs and professional role models appropriate for the school's diversity goals?

By law, gender, racial, cultural and economic statuses are not among the selection criteria of medical students, so there are a variety of these elements. There are no pre-determined percentages guiding the selection of students from a specific gender, religion, ethnic or social background.

4. Evaluate whether the acceptance of transfer students, or visiting students in the school's affiliated teaching hospitals, affects the educational program of regular students (i.e., in the context of competition with the school's own students for available resources, patients, educational venues, etc.)

See standard B4-10

Because the transfer of students is limited to the first year of clinical years, the acceptance of transferred students, or visiting students in the school's affiliated teaching hospitals does not affect the educational program of the regular students.

B. Student Services

1. Comment on the levels of student attrition and academic difficulty in relation to the medical education program's admission requirements, academic counselling efforts, and remediation programs. How effective are counselling and remediation systems?

Attrition (i.e., dismissal or withdrawal) from the total students over the last year averaged 0.23%.

A program for student support is offered and conducted through the Listening Committee, which is supervised by the Deputy-Dean and Director of Academic Affairs. It includes academic, social and financial activities. For this academic year, four student cases have been discussed with this committee.

The major reasons for academic problems include deficiencies in academic and test-taking abilities and psychological problems that affect studying and performance.

Suggestive corrective actions:

- Motivating staff to share effectively the academic support of students.

- Improving communication between students and staff.

- Implement remedial programs for the students who receive unsatisfactory grade.

2. Analyze the pattern of career choice among your recent graduates. Is the pattern congruent with your school's mission and goals? Evaluate the effectiveness of your systems of career counselling, residency preparation, and the selection of elective courses.

The Committee of Residency Preparation provides academic support to students who prepare to pass the residency national exam: for the Class of 2014, the rate of success was 104/301 (34.5 %). Six among the top 10 graduated from SMS.

There is no organized system for students that provides guidance for career choices. However, students are advised through individual and personalized consultations. Unfortunately, the choice of specialty after residency exam is limited by rating.

Suggestive corrective actions:

- Expand the prerogatives of Tutoring Committee to include advising students, especially on medical career choice.

3. Evaluate the level of tuition and fees in relation to the size of graduates' accumulated debt, and to the level of financial aid needed and available. Describe the efforts in place

minimize student indebtedness. Comment on the effectiveness of these efforts? Comment on the adequacy and availability of financial education and debt counselling programs.

The level of tuition and fees are not very high, so that the number of students who are in need of financial aid is not important (Five Students). But also, the Ministry of Higher Education gives some grants for students with very limited financial resources. In addition, health care is free for all students in Tunisia.

4. Evaluate the adequacy and availability of student support in the following areas:
• Personal counselling and mental health services, including their confidentiality and accessibility.
• Preventive and therapeutic health services, including immunizations and health and disability insurance.
• Education of students about bodily fluid exposure, needle stick policies, and other infectious and environmental hazards associated with learning in a patient care setting.

Personal counselling and mental health services

A structure for student support in personal counselling and mental health services exists but is not well known by the majority of students, so more information about this structure is recommended. In addition, students can directly access a special consultation in the Department of Psychiatry B. The University of Sfax provides also psychology consultation for students with the respect of confidentiality.

Preventive and therapeutic health services

All students can have access to all therapeutic health services and can benefit from all these services without any fees. The students are seen by a physician at the beginning of their first year; they are adequately screened for immunization status, and have access to appropriate vaccinations.

Universal hazard training

Students are adequately taught about infectious disease prevention and protocols for treatment after exposure, consistent with guidelines, before the start of their clinical training. This information is provided at their nursing sessions delivered at their first year.

C. The Learning Environment

1. Comment on the effectiveness of the school's policies for addressing allegations of student mistreatment and for educating the academic community about acceptable standards of conduct in the teacher learner relationship.

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 submit grievance to the dean for review. 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.

2. Evaluate the familiarity of students and course and clerkship directors with the school's standards and policies for student advancement, graduation, disciplinary action, appeal and dismissal. Review the adequacy of systems for providing students with access to their records and assuring the confidentiality of student records.

Standards and policies for the evaluation, advancement and graduation of students are not yet listed in any official document.

The set of rules which govern the disciplinary actions that may be taken against students is available in the "Students Disciplinary Rules and Regulations" Chart.

The disciplinary action for the first time offenses range from a verbal warning to a written notice, a copy of which is to be kept in his/her academic file.

Upon repeated misbehaviour the student will be referred to the Disciplinary Action Team. The disciplinary action can vary from warning to exclusion. This depends on the severity of the issue and the decision of the Disciplinary Team. The Disciplinary Team (the Dean is a member of this group) have the final decision.

Suggestive corrective actions:

Standards and policies for the evaluation, advancement and graduation of students will be listed in the web site of our medical school and in all relevant printed material.

3. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities. Do available resources for study contribute to an environment conducive to learning?

The space and design of lounge and relaxation areas (football table, pool table) are inappropriate and not well equipped. A large area is used for various sporting activities including a Football field and a Basketball court. There is no locker space for students.

The library is located next to Lecture theatres, lounge and relaxation areas. Study space in the library is adequate with seating for 300 readers. The computer space in the library is also adequate. Absence of study carrels and the limited number of small group rooms within the library there is an important area that needs improvement.

Section IV: Faculty

A. Number, Qualifications, and Functions

1. Is the current number and mix of faculty appropriate for the attainment of the medical school's mission and goals?

The recruitment and development of a medical school should take into account its mission, the diversity of its student body, and the population that it serves. There must be a sufficient number of school staff to meet the needs of the educational program and the other missions of the School.

The size, qualifications and mix of the SMS faculty are adequate for the achievement of the medical education program's objectives. The size of full time faculty has increased from 307 (2010) to 387 (2015). They are Assistant, Associate Professors and Professors. Nineteen members do not belong to the medical staff: 5 teachers of English, 6 sports and 4 IT and 4 are PhDs in biochemistry, microbiology, philosophy and genetics.

The overall increase in Clinical School faculty provides additional expertise for our students and ensures adequate School teaching mission. The School recruitment is good, and there is no reduction in the number of the School staff despite the retirements or resignation or departure for cooperation. The current size and composition of the faculty are appropriate for the missions of the SMS, as proved by the student/School faculty ratio: 1736/387= 4.48.

Multidisciplinary collaboration of the School is illustrated through co-direction of theses, co-authored articles, and integrated modules (**Appendix 53**).

Facilities for education are among our institutional strengths. The SMS includes five Lecture theaters, three conference rooms, eight classrooms, 9 laboratory spaces, a library, and a videoconference room (**Appendix 40**).

The Dean:

The Dean is elected among the permanent teachers, members of the Board Council. The Dean is appointed by a decree for a three-year period renewable only once.

The Board Council:

The School of Medicine comprises a Board Council of consultative nature composed by:

- Dean

- Deputy-dean, Director of Academic Affairs

- Director of Clinical Affairs

- Chairs of departments.

The departments:

According to the Tunisian law (**Appendix 5**), the chair of the department is elected among Professors and Associate Professors for a three-year period renewable only once. He is appointed by the MHESR (Ministry of High Education and Scientific Research).

The Chair of department offers training programs and ensures their implementation as well as the harmonization and the improvement of educational methods. The Chair suggests research program to monitor their implementation and to coordinate research carried out by the various units and laboratories. He organizes seminars and scientific meetings to ensure the best use of resources and equipment available. The chair of department expresses the needs of the department in terms of teaching and research staff.

The chair of the department is responsible for (under the authority of the Dean or the Vice-Dean and Director of Academic Affairs) the progress of the studies, exams, courses and for the follow-up of the professional integration of graduates in coordination with the different stakeholder

2. Describe and evaluate the availability of opportunities for both new and experienced faculty members (fulltime, part-time, and volunteer) to improve their skills in teaching and evaluation. Is institutional or departmental- level assistance, such as training sessions from education specialists, readily available? What is the level of faculty participation in such programs?

A robust variety of workshops, seminars and other learning opportunities are available for all school staff (new and experienced school members), to improve their teaching skills and learner assessment. The teacher training committee provides opportunities for the school staff to enhance and improve their teaching skills through a number of professional development events, including an annual Seminar Series (two cycles), and an MA in teaching approaches.

> Strengths*:*
>
> - There is a sufficient number of Qualified teachers with good gender distribution.
>
> - A rich and varied program to improve the educational skills of the teachers.
>
> Weaknesses*:*

3. Do faculties receive appropriate support and mentorship related to scholarship? Are formal institutional programs available to support faculty research?

There is no formal institutional programs to support faculty research.

B. Personnel Policies

1. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of School members. Are the policies clear, widely understood, and followed?

Recruitment:

The School recruitment depends only on the success of the assistantship competitive examination.

The recruitment procedure is the same for both Basic and Medical sciences and for the four faculties of Medicine in Tunisia. It is a regular annual procedure. The members of different departments have to decide according to the department needs as well as the candidates' performances.

Criteria established are the date of the last renewal or creation of office, the professional number, and the clinical duties in health care facilities.

Other criteria are relative to each candidate and are proved by Curriculum Vitae such as the performance in science and clinical activities, the research output, and training abroad. The members of each department have to rank the different posts required, according to the criteria mentioned above (**Appendix 28**).

Proposals of all the departments are analysed by the Board Council which sets the final ranking of the positions required, according to the priorities of the School. This final ranking will recommended to both the MH and the MHESR. These two ministries take into account this ranking and the budget available to decide on the final number of positions allowed.

For each specialty, candidates from different Tunisian Schools of Medicine participate in a national competitive exam. The adjudicators are Associate Professors and Professors from different Tunisia Medical Schools. They are chosen yearly at random from "Rank A"

teachers of the four medical schools. It consists of members from the same specialty as the candidate as well as members from other related specialties.

The candidates are evaluated according to an official grid **(Appendix 28).**

Their success depends on the order of merit. The successful candidates choose among the available positions, in the order of their ranking in the national exam.

The academic staff is governed by the laws of the civil service stating that functions are granted on a permanent contract. Culturally, the geographic professional mobility in all fields is exceptional, except for some personal constraints.

Encourage equal representation of both sexes at all levels and promote the development of women in the school and management positions; sex ratio (men/women) of the academic staff: 174/213= 0.8, sex ratio in the Board Council: 5/5=1, sex ratio of the department chairs: 5/3= 1.6.

The Caucasian ethnicity is the most frequent. Other ethnics are rare. There is only one black woman in our staff. Only academic criteria are applied in the recruitment of the School staff.

Grade promotion:

Promotion up to Associate Professor:

After at least four years of activity, Assistant Professors can enrol in the national competitive exam for promotion to the Associate Professor grade.

The final number of Associate Professor positions allowed is determined by the same procedure as that of Assistant Professors.

The adjudicators are chosen yearly at random from "Rank A" teachers of the four medical schools. It consists of members from the same specialty as the candidate as well as members from other related specialties.

-This National Competitive Exam consists of the following grid. (**Appendix 54**)

The candidates choose the School of appointment prior passing the national competitive exam.

Promotion to the Professor grade:

Promotion to the professor grade is allowed after at least four years of activity as an Associate Professor. It is a test on examination records.

Three adjudicators (medical, surgical and basic sciences specialties) are yearly chosen at random from professors of the four schools of Medicine.

The assessment depends on the following grid (**Appendix 54**).

Dismissal:

The academic staff is governed by the laws of the civil service stating that functions are granted on a permanent contract.

Strengths*:*

- All the procedures of recruitment are transparent. The criteria are based on scientific and clinical excellence.

- Recruitment is based on the results of a national exam with national adjudicators. This procedure allows all candidates to work in another school which is not necessarily the school of the first affiliation. This contributes to the diversity of the academic staff.

Weaknesses**:**

-The school function is granted on a permanent contract.

- The School of Medicine can partially govern the recruitment procedure.

- The current criteria according to which the Board Council ranks the positions of required Assistant and Associate Professors are not well codified.

- There is no real continuous assessment after recruitment, except for the grade promotions.

2. Assess the adequacy of institutional and departmental conflict of interest policies relating to the school members' performance of their academic responsibilities:

The rule is to not participate to all the exam steps (preparation, results, and other aspects) when there is a conflict of interests. But in general, when a potential conflict of interest is identified, the Dean usually solves the problem with or without the Scientific Council help.

Suggestive corrective actions:
- A Committee of Ethics was created in May, 2015. One of its missions is to detect and deal with the conflicts of interests.

3. Describe the extent of feedback provided to faculty members about their academic performance and progress toward promotion and/or retention. Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion and/or retention?

There is no assessment of school members' performances except the pedagogic formation and evaluation of new assistants since 2014-2015.

Suggestive corrective actions:

An Evaluation Committee was created in June 2015. Among its objectives:

- Provide teachers feedback about their teaching practices
- Provide policymakers an objective view on teaching

C. Governance

1. Evaluate the effectiveness of mechanisms for organizational decision-making. Are necessary decisions made in a timely and efficient manner with appropriate input from faculty and other concerned parties? Describe and assess the relative roles of committees of the School, department heads, and medical school administrators in institutional decision-making.

The major bodies involved in decision-making related to the School policies are the Dean and his staff, the Board Council, and the committees.

A Board Council has a consultative role. It provides guidance, feedback and advice through at least monthly meetings. School members take part in the decision-making process through their department chairs, who are members of the Scientific Council. The Board Council examines the issues related to the design and the follow-up of the institution project and the functioning as well as the organization and unfolding of studies, training and internship and research programs. It checks the institution budget project each year after being informed of the implementation of the previous year budget. It also verifies any other issue related to education or research which may be submitted by the Dean, any member of the scientific council or teacher. On key academic issues, the school wide consultation is taken through various mechanisms (such as the General Assembly).

The responsibility of committees is to inform, seek advice from their school colleagues and plan strategies related to their fields.

Strengths:

- Governance and management bodies work effectively and collaboratively, according to a well-established structure.

- Involvement of a large number of teachers in decision-making through different meetings and committees work.

Weaknesses:

There is no reference book for each committee.

Suggestive corrective actions:

The institution must establish a well-defined reference book for each committee.

2. Assess the effectiveness of the methods used to communicate with and among the school. Does the school members perceive themselves to be well-informed about important issues at the institution? Does the school members believe that they have sufficient opportunities to make themselves heard?

The school has made a concerted effort to ensure timely and comprehensive communication to all school members. SMS uses a variety of ways to communicate with the school:

- E-mail is the principal method for communication with the school members. (name_surname@medecinesfax.org is offered to all teachers)

- Website (http://medecinesfax.org/) for news and events, key documents, forms and school development materials. The website is regularly updated by the members of website committee who are members of medical staff or administration staff.

- Quarterly newsletter (SMS news) to communicate information and news of the school (**Appendix 55**).

- There are a lot of spaces in the SMS allocated to display

- Official documents are also addressed to the school members such as Meeting minute of the scientific council meetings

- At least 4 meetings, that includes all the teachers, are planned every year.

Strengths*:*

Several methods of communication are used

Weaknesses*:*

- Our website is not routinely consulted by School staff.

- Institutional e-mail is not used by all the school members. They prefer using personal e-mails.

Section V: Educational Resources

A. Finances

1. Discuss the stability of and the balance among the various sources of financial support for the medical education program and school (i.e., state and local appropriations, income from patient care, endowments, tuition income, research income, hospital revenues). Discuss the implications of any downward trends in specific revenue sources. Describe the financial prospects for the medical school over the next five years. Are there any departments in financial difficulty? Are there systems/policies in place to address departmental financial difficulties?

The School of Medicine is supported by limited sources of revenue, including a government appropriation for medical education (53%), tuition (31%), investment incomes (10%) and hospital revenues (6%) (VAT year 2015). The thorough dependence on the state and the lack of other funding resources explains the instability of the school revenue sources; these depend on the needs of all departments, laboratories in terms of supplies, materials and equipment necessary to achieve educational goals in the best conditions. These needs are presented to the university in the budget project for approval of government grants which are the principal financial resource of the school. Therefore, an important weakness in the school financial management system is that resources are very limited. The budget focuses on the means and not on the School's objectives. The School does not have the possibility to get loans for financing research projects. As a solution, the School is looking to change its legal status from PAI legal status (public administrative institution) to technical scientific public institution TSPI in the next five years. The latter will give the school more autonomy and allows it to broaden revenue resources, get loans, and facilitate all operations of purchasing materials by the use of commercial accounting instead of public accounting.

2. Comment on the degree to which pressures to generate revenue (from tuition, patient care, or research funding) affect the desired balance of activities of school members. What mechanisms are in place to protect the accomplishment of the educational mission?

As the School of Medicine is an administrative public institution, the budget is subjected to control by the public controller of the treasury. The blanket commitment of each budgetary section must be validated by the public controller of treasury. In A**ppendices 48 and 49** is a

report of the blanket commitments validated by the public controller of treasury for all commitments listed in **Appendices 47 and 50.** So the budget procedure is very slow and this is why it is an aim to seek autonomy from the state by changing from PAI to TSPI and by the use of commercial accountancy.

As a public institution governed by public laws, school members do not generate personal funds for their work. In case of problem to meet our educational mission (such as lack of material, facilities problem), we are supported by the university.

3. Describe how the school has positioned its clinical enterprise (school practice plan/organization and structure of healthcare system) for best results in the local health care environment. Is planning related to the clinical enterprise occurring? How effective is this planning in meeting institutional goals

According to Tunisian law, the faculty has no control of the health care system. It has to form the physicians with the collaboration of the health care facilities without being implied in their management. However, the school contracts agreements with Hédi Chaker hospital by procuring patient analysis and revenue from these are incorporated in the budget in the school resources

As the school resources are limited, we seek to enlarge them in the next 5 years by sending blood tests to private clinics.

4. Describe how present and future capital needs are being addressed. Is the financial condition of the school such that these needs are being and will continue to be met?

Present and future capital needs are discussed with the university and usually honored by it. The government promises to sustain the accreditation project of medical schools by giving more grants.

The School of Medicine aims at enlarging its relations with the two main Hospitals by increasing the number of tests, which can provided to private hospitals on a fee basis.

B. General Facilities

5. Evaluate the adequacy of the general facilities for teaching, research, and service activities of the medical school. Are the opportunities for educational excellence or educational change (e.g., introduction of small group-teaching, opportunities for active learning) or for the attainment of other medical school missions constrained by Space concerns? Describe the likelihood that needed space or space upgrading will be available in the near future.

Have enrollment increases led to space constraints? If so, describe how these constraints are currently being addressed.

- In general, the facilities of the SMS for the teaching, research, and service are adequate.
- Facilities are generally well-kept and the major lecture theaters and classrooms have been re-innovated in the past few years to improve both physical space and audiovisual capabilities of the theaters.
- The availability of rooms for small group teaching is limited. It has been recommended that a new small group rooms for clinical teaching (PAQ rooms) are constructed which are flexible and equipped by models permitted to decongest clinical sites for practical teaching and evaluation OSCE. The use of the educational rooms of the teaching hospital units is another solution.
- The need for rooms specifically designed for Problem-Based Learning
- The Virtual Medical Education unit: It is an identified unit with a head of unit and technical staff. The role of this unit is:
    * Management of distance learning
    * Multimedia production
    * Web development with an audio-visual recording studio
- Wireless connectivity has been available throughout the School for 2 years.
- The self-report also identified the need to increase the clinical training sites
- Congestion of all the clinical sites especially in pediatrics and gynecology/obstetrics
- Student space areas such as lounge and eating area must be improved.

Suggestive corrective actions:

- Substantial re-innovation must take place within the SMS with a priority focus on setting up a health course, constructing a new ecologic lounge, and other suggestions.

- Construction and extension of Clinical Simulation Laboratory would be achieved by 2016-2017.

- Small group fitting-rooms.

- Construction of a new University Hospital is scheduled. It will contain Departments of Psychiatry and Traumatology. It will be a new clinical training site and will allow decongesting departments of UHHC and UHHB especially for clerkship training courses

6. Discuss the adequacy of security systems on each campus and at affiliated sites.

- The security systems on SMS are adequate but less at our affiliated clinical sites
- At SMS, a large security camera system provides coverage to all areas of access.
- At SMS, exit doors are limited during non-workday hours, including weekends. Security aids monitor these limited exit doors.
- In affiliated clinical sites (UHHC, UHHB), exit doors are controlled, few security cameras are available.

Suggestive corrective actions:

- The Security Departments of each affiliate site must provide much safer environments for our personnel while they are coming in or out these facilities.

- Limit access to the SMS and University Hospitals for all stakeholders by badge.

- Each clinical site must provide students with a security training including disaster drills and incident command systems control.

C. Clinical Teaching Facilities

7. Analyse the resources for clinical teaching available to the medical education program. For the size of the student body, are there adequate numbers of patients and supervisors available at all sites? Has the school needed to expand its clinical teaching network to address either expanded enrolment or decreased patient volume? Is the patient mix appropriate? Are clinical facilities, equipment, and support services appropriate for exemplary patient care? Discuss the availability, quality, and sufficiency of ambulatory care facilities for teaching.

-SMS does not own a hospital. However, it maintains strong affiliations with the 2 university teaching hospitals (UHHC and UHHB) which are located close to the School of Medicine (5 minutes walking) for clerkship and internship training courses and some other regional hospitals throughout the South of Tunisia for internship training courses (Mahres, Jebeniana, Kerkennah, Gabes and Medenine regional Hospitals).

-Sfax University teaching hospitals employ more than 3591 individuals other than the School staff and include 1484 patient beds in addition to outpatient clinics for all specialties. Annual outpatient clinic visits rose to 497424 patients /year 2013 and hospital admissions reach 64865 admissions/ year 2013. Most clinical inpatient wards and outpatient clinics contain teaching rooms for small groups; however, small group teaching areas and equipment are deficient in some departments (For example: occupational medicine UHHC, plastic surgery UHHB, and Psychiatry C UHHC among others). In addition to being a tertiary referral center in the south of Tunisia, the University Hospitals of Sfax provide emergency services with 143,734 patients annually: [Medical Specialties, Surgical Specialties and Orthopedics Emergency (108560)] and [Obstetrics & Gynecology (14914), Pediatric (18198) and Psychiatry (2062)]. The outpatient clinics serve many primary-care-patients from the suburbs.

Furthermore, few students are trained in community-based health facilities outside the University Hospitals during the Community Medicine internship training Course.

Since 2015, the faculty uses PAQ rooms and simulation laboratory for clinical teaching and assessment OSCE. SMS uses also the skill lab of the Higher Institute of Nursing Sciences of Sfax for nurse care training course in the first pre-clinical year.

Hospital service heads and tutors are primarily responsible for reviewing the adequacy of the clinical facilities and for determining appropriate settings and patients used for clinical training. They respond to deficiencies through modifications in the utilization of current resources or seeking additional resources.

Strengths:

- UHHC and UHHB continue to serve as the major teaching hospital for clinical rotations in Medical Specialties, Obstetrics-Gynecology, Surgical Specialties, Pediatrics and Psychiatry.

- Mahres, Jebeniana, Kerkennah, Gabes and Medenine Hospitals from south of Tunisia have been identified as learning sites for our students during their internship.

- In all rotations, students rated their exposure to an adequate range of patients as satisfactory.

- The SMS student training in most clinical facilities with medical staff members of the hospital working full-time at SMS. This precludes any difficulties and allows cooperation that provides excellent instruction in educational facilities.

- Students in UHHC and UHHB get appropriate supervising by residents during their clinical experiences.

- Hospital activity is strong, providing sufficient number of patients to support student education.

- In addition to having adequate numbers of patients, the patient characteristic mix (age, gender, disease) is also appropriate.

Weaknesses:

- The SMS does not maintain full control of the detailed educational programs for medical students at clinical sites. However, the Director of Clinical Affairs with the clinical training tutors initiate this year a summary evaluation of all the clinical sites (**Appendix 56**).

- Staff members of the department working with students are not SMS teachers in some hospital departments of regional hospitals (Gynecology Department in Kerkennah and Mahres regional hospitals)

- Most of the sites used are hospital sites, but there is no use of community-based physician offices for ambulatory experiences. The Family Medicine implementation will be beneficial.

- Hospital-based facilities, equipment and support services available to students are not appropriate in some departments. See table data base. Regular systematic review of clinical resources is missing in some departments.

- Students work with medical teams without residents at the majority of Regional Hospitals' departments.

-Educational programs provided to students in internship are not certified by the SMS.

Suggestive corrective actions:

- The use of ambulatory sites should broaden student experience in terms of patient exposure and practice models (provided in the family medicine project)

- As a community-affiliated school that is dedicated to training future primary care physicians, SMS has a full array of affiliations in the community for provision of ambulatory care and education.

- Planned creation of Clinical Simulation Laboratory (skill lab).

- SMS must meet medical students' educational needs: Libraries, lecture or conference rooms, study areas, computer resources, lockers, call rooms and showers/changing areas are available and accessible for medical students at each inpatient site during their clinical rotations.

- Considering the feasibility of using other regional Hospitals which would provide exposure to a wider variety of patients, diseases and therapeutic modalities.

- Improve facilities and tutoring in regional hospital with more overview by SMS faculty

-Development and implementation of a School-level policy, involving all departments contributing in clinical teaching, for regular systematic evaluation of clinical educational program and resources to respond to any educational deficiencies.

- Regular systematic review of clinical resources will be planned.

8. Describe and evaluate the interaction between the administrators of clinical affiliates used for teaching and the administrators of the medical school. Does the level of cooperation between these groups result in a smoothly operating and effective clinical education program?

- Unfortunately, there is no direct interaction between the administrators of the hospitals/clinics used for teaching and the SMS administration. The only linking persons between the two institutions are the affiliated teachers, medical tutors, hospital coordinator and hospital medical committee.

- The Director of Clinical Affairs and the Clerkship Directors communicate directly and regularly with each affiliate Site Director to resolve any issues that may arise.

- Moreover, Clerkship Directors communicate directly and regularly with affiliate site clinical training tutors to assess comparability and to discuss grading and evaluations.

9. Describe and evaluate the level of interaction and cooperation that exists between the staff members of the clinical affiliates used for teaching and medical school members and department heads, related especially to the education of the medical student.

- All clinicians in our affiliated teaching hospitals must have academic appointments approved the Dean.
- The teaching of medical students is well integrated as part of the clinical mission of all teaching facilities.

D. Information Resources and Library Services

10. Evaluate the quantity and quality of the soft and hard holdings of the library as a resource for medical students, graduate students, and faculty members.

Library holdings in Medicine and Health sciences are extensive and relevant for medical students and school members. The Library held 24,857 printed volumes at 2014's end. Collections are in place to support the needs of the five-year program, residency program, and the School. In addition, the Library holds Medicine doctoral theses presented in the four Tunisian medical schools. The Library provides free document delivery to all staff and students.

In recent years, we have opted for a strategy focusing on electronic resources, particularly for journals and other serial publications, since most students and School staff use first the online resources. Actually, we have access to nine full-text electronic resources for journals in medicine and health. We began offering distant access of these electronic resources for our teachers in 2015.

11. Comment on the adequacy of information technology resources and services, particularly as they relate to medical student education. Are resources adequate to support the needs of the educational program? Are the information systems of the medical school and major clinical affiliates sufficiently well integrated to ensure achievement of the medical school's missions? Note any problems and describe any plans in place to address these problems.

The SMS Website was recently redesigned and it is available 24/7. It provides an integrated platform for student schedules, a repository for objectives, course content and notes. It also provides a direct portal to the Library.

Wireless connectivity is available throughout the Library.

The number of available computers is adequate in relation to the number of daily users. Professor's room, equipped by 15 seat satellite computers, provides opportunity to the school to access the Libraries' electronic collections from our medical school. This Professor's room will be re-innovated by the ALUMNI Association of the SMS.

There is also a 30-desk-computer lab, with modern computer desks situated near the library. It provides the students with the opportunity to access the Libraries' electronic collections from

our medical school. A videoconference room installed in the meeting room with a mobile unit and ISDN or IP to students and school staff members.

The easy access of the electronic resources enhances the quality of the course content.

12. Evaluate the usability and functional convenience of the library and of information resources. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audio-visual equipment, adequate? Can students access information from affiliated hospitals or from home?

The location and size of the library is fully adequate for the current needs of students. It is located next to lecture theatres, lounge and relaxation areas. With seating for 300 readers and four small group rooms for up to 5 students each, study space in the library is adequate.

Library hours are adequate to meet the needs of student study spaces. The library closes at 6:00 p.m. Monday through Friday and 13:30 a.m. on Saturdays during the academic year. Hours are extended as needed during exam periods each year (till 11:00 p.m).

Librarians or qualified staffs are available during their working hours for one-on-one instruction and consultation.

Wireless connectivity is available throughout the Library.

Professors can access the Libraries' electronic collections from the professor's room (capacity of 10 seats) or from off our school, whether from home or hospitals, through the Internet using remote desktop via a personal ID number and a password. Students can access the Libraries' electronic collections only from our school.

13. Assess the contributions of library and information technology staff to the education of medical students and the professional development of faculty members in the following areas:

Library and information technology contribute to the education of medical students and the professional development of school members through:

- Introducing the student to Information Technology during the first of the two preclinical years (Information Technology and Internet Certificate level 1 (C2i)).
- A training program mandatory for all residents before supporting their theses. This training program includes: introduction to medical writing, bibliographic search, statistics, critical reading of an article, and Software Mendeley for reference management.

- The Virtual Medical Education unit: It is an identified unit with a head of unit and technical staff. The responsibilities of this unit are: Management of distance learning and multimedia production.

Web development with an audio-visual recording studio

* Workshops for faculty members concerning Zotero, digital photography, and other faculty needs.

Strengths:

- Study space in the library is adequate with seating for 300 readers.

- The library opening hours meet the needs of students.

- Library holdings in Medicine and Health sciences are extensive and relevant for medical students and school staff.

- Library resources are accessible to students and school members and through a wireless access in the SMS.

- The school staff members have an off-site access.

Weaknesses:

- The space and design of the student lounge and relaxation areas are inappropriate and not well equipped.

- Absence of study carrels and few small group rooms within the library.

- Lack of photocopiers, scanners and computers available for students.

- Lack of computerization of documents' loan system for students.

Suggestive corrective actions:

- Set up a special area for relaxation activities and arrange lounge.

- Add study carrels and small group rooms within the library

- Provide more photocopiers and scanners available for students

- Organize training workshops to increase the awareness and skills on using the rich electronic database of our medical school.

- Establish a computer-based loan system of documents.

Summary and Recommendations:

This self-study was a milestone for us to implement the necessary reforms and strengthen the actions that allows our institution to rise to international standards.

For didactic purposes, we have chosen to respond in the form of a summary table.

	Strength	Weakness	Solutions and strategies for change
Governance and Administration	-The proposals of the committees are discussed in the School council which makes decisions. - The establishment of many research units and laboratories funded by the MHESR. - The setup of a committee of international relations four years ago. - Accreditation implementation *-The Dean has the authority to decide without consulting the school council. This allows him to take day to day decisions.* - The school Council meets at least monthly. - Students and civil societies are represented in the School	Absence of a total autonomy (academic and financial dependence) - Insufficient funding of research units and laboratories. - The school is a nonprofit institution. *-The Dean has the authority to decide without consulting the School council. This can lead to situations of non-collective decision-making.*	-Promote good governance at all levels and have academic and financial autonomy, according to the recommendations of the commission of the Higher Education reform. Our School will be included in this reform.

	Council.		
Academic Environment	-Improvement of the research activity through the implementation of these research structures with regular funding depending on their activities. - Implementation of research Masters since 2015-2016. - The "Presidential Award of Scientific Research" obtained by the Laboratory of Parasitology	Funding remains inadequate because the increase of the research activity expenses. - The research activity is often made within the framework of a diploma-awarding activity which does not allow a sustainability of thematic research. - The multiplicity of research themes leads to the weakening of efforts and resources.	Our SMS has to establish a strategy of medical research to fix priorities. - **The implementation of doctoral school**. The spirit of teamwork needs to be strengthened. Pre-established research programs that combine several teams allow the strengthening of this attitude, to improve the performance of the various activities of research with the lowest cost possible. Encourage researchers to seek a personnel grant.

Educational program	- The objectives of educational program are comprehensive and well specified. - Significant changes in the medical curriculum were carried out in response to the external evaluation of the school made by the CIDMEF (International Conference of The Deans of France Medical Schools). This leads to the reform of Family medicine - With the Family Medicine reform, the mission and objectives were subjected to re-evaluation and improvement. -The medical curriculum prepares students for all career options in medicine. - The basic science courses are diverse and cover all aspects of	- The governmental law does not confer academic autonomy to the faculty for any important curriculum change without the approval of the Ministry. -There are no docimology studies regarding theoretical evaluation. - Lack of teachers and students involvement in the curriculum evaluation. - There are no formal processes for the evaluation of any teacher's lecturing nor teaching completion. - The educational outcome is not adequately defined through skills. -Inappropriate balance between number of students and patients. - Lack of students' participation in medical research. - The curriculum format does not	-Establish academic autonomy, according to the recommendations of the commission of the Higher Education Reform. Our School will get involved in this reform. - Communicate more actively the mission and objectives to the teachers, to the political authorities and to the public. -Provision of questionnaires to have feedback from students concerning the progress of teaching and clinical training during the year completed. - Implementation of an Evaluation Committee (June 2015) and Docimology Committee (May 2015). -The implementation of Family Medicine process in which training in general practitioners' office will be planned. - Construction of a third University

	human body structure and function. - The duration of the pre-clinical phase of the curriculum is adequate to prepare studentfor their clinical attachments. - The clinical science courses cover all medical and surgical branches. - An important place is given to public health, community medicine, primary care medicine and social sciences. - For the majority of the disciplines, the number of teachers is sufficient to change our classic system of education (teaching) and to replace it by a more practical teaching - Existence of some facilities	give enough time for student s' self-directed learning. - Small group of problem-based teaching and computer-assisted learning are deficient. - Students do not develop necessary skills of critical judgment based on evidence and medical problem solving. - There are insufficient clinical applications in basic science courses. - Lack of integration between basic and clinical science faculty in preparing (clinical applications of basic science and vice versa) curriculum for applied basic sciences. - Lack of curriculum components promoting lifelong learning - Lack of practice training for	Hospital by 2018-2019. -The curriculum format will be revised to be in compliance with the Family Medicine Department. -The Reform Program Committee started work in September 2015 and is moving towards generalization of teaching in small groups focused on skills. -The Curriculum Committee has to detect all redundancies courses and implement a new curriculum based on complaint teaching in accordance with the international standards. - Planning for elective studies in the curriculum to encourage students for in depth study of areas of interest and to identify students with special talents.

		behavioral and socioeconomic sciences and communication Skills -The lack of formative assessment in preclinical and clinical years - The evaluation is based mainly on the domain of Knowledge	
	of infrastructure to support computer-assisted learning. - The implementation of the OSCE assessment		
Medical Students		**The major reasons for academic problems include deficiencies in academic and test-taking abilities and psychological problems that affect studying and performance**	-Motivating staff to share effectively the academic support of students. - Improving communication between students and staff. - Implement remedial programs for the students who receive unsatisfactory grade
Faculty	-There are a sufficient number of qualified teachers with good gender distribution. - A rich and varied program to improve the educational skills of the teachers	-Department chairs do not currently fulfil all the duties they are supposed to do. This may be due to historical reasons: this is the way of function in the Medicine school in Tunisia with a lack of constant communication between the different members of each	-Reorganization of the departments with a consistent pattern. - Making a regular annual assessment of department chairs. Their re-appointment would depend on the results of this assessment. It will be required for Department Chairs to submit a self-evaluation report,

			department and a lack of assessment. Indeed, once they are elected, the chairs of the departments are not evaluated during their three-year period of activity. - There is no well-defined budget for departments.	outlining their success related to the goals set in the previous year. Academic achievements, a general up-to-date on the performance of the department and goals for the next year. - Performance will be assessed by the evaluation committee with the help of the Dean based on some specific criteria. - An Evaluation Committee was created in June 2015: among their tasks is the assessment of department activities. -Giving teachers feedback about their teaching practices
Educational Resources			The SMS does not maintain full control of the detailed educational programs for medical students at clinical sites.	-The Director of Clinical Affairs initiated with clinical training tutors a summary evaluation of all the clinical sites this year. -Substantial re-innovation must take place within the SMS with a priority

			focused on setting up a health course, constructing a new ecologic lounge along with other needs.
			- Construction and extension of Clinical Simulation Laboratory would be achieved by 2016-2017.
			- Small group discussion rooms.
			- Construction of a new University Hospital is scheduled. It will contain Departments of Psychiatry and Traumatology. It will be a new clinical training site and will allow to decongest departments of UHHC and UHHB especially for clerkship training courses.