



# Site Visit Team Report (SVTR)

**Prof . Yusra AR Mahmood**

**Head of NCAMC**

**July 2023**



# 1- general principles:

- ▶ **This report:**
  - ▶ represents the formal record.
  - ▶ serves as the primary source of information for NCAMC to take the final decision.
- ▶ **So, it must be:**
  - ▶ professional and skillfully written,
  - ▶ preferably in a narrative way.
  - ▶ descriptive depending on evidence and data collected.
  - ▶ Emphasize the college achievement regarding each standard.
  - ▶ It should highlight the shortcomings

## Before the Site Visit:

- ▶ the members of the SVT must know their task area/s.
- ▶ comprehend related sections of the college SAS report.
- ▶ study all the accompanied documents.
- ▶ they should start plotting the general frame of their report draft.
- ▶ Accomplished achievements must be recorded and **written** in this draft if the available documents are so determinant.
- ▶ obvious shortcomings must be identified for further **follow-up** with the college before or on the site visit.





## During the Site Visit and on daily bases

- ▶ the SVT members must **enrich** their drafts about standards checked and related events.
- ▶ It is the duty of each member of the SVT to **edit** and consider his section(s) carefully before submitting the report to the team leader.
- ▶ must prepare a **clear noting** , any strengths and shortcomings related to the standards (area ).
- ▶ ensure that all findings are **fully explained** and documented in the body of the report .
- ▶ Ensure all accreditation standards are inspected and assessed.
- ▶ Each area and its standards must be evaluated in each section of the report .



## The leader of the SVT :

- ▶ It is the responsibility of the team leader to call **a regular meeting** to follow up on the teamwork and report back to the NCAMC.
- ▶ Has overall responsibility for **the final report**
- ▶ **Unifying** the whole report regarding clarity, consistency as well as spelling and formatting.
- ▶ By the **last day** of the site visit, the team leader must prepare a draft of the report.
- ▶ He must comment on the **degree of consistency** between the major conclusions of the SVR and those of the SSR (college).
- ▶ Within **two weeks** after the end of the site visit the team leader forwards the final and formal report to the NCAMC.

# Structure of the SVT Report

SVR



## 2- Formal Structure of the SVT Report:

### 1- cover page :

- ▶ Title of report
- ▶ college name and site visit date ...etc.

### 2- Table of Contents:

### 3- Memorandum: a letter of acknowledgment with the

- ✓ Name, Title,
- ✓ **role** (leader, reporter , member) &
- ✓ **signatures of the team members.**

Cont....

#### 4- Preface

- ▶ Introduction, the process of assessment.
- ▶ History and Setting of the College and Allied Institutions

(hospitals and PHCC):

*Describe the medical college in terms of its size, age, and its relationships with the university, health center, campus(es), and principal teaching hospital(s); include relevant maps in the Appendix.*

#### 5- Summary of SVT Findings:





## 6- Area (Domain) Reviewing:

- ▶ **Areas, Subareas and Standards**
- ▶ The stem of the report show **narrative** description and comments **referring**, as needed , in the Appendix at the end of the report.

*Comment on SAS and Data Collection (DC) in term of:*

*the degree of participation*

*depth of analyses*

*the quality of the DC*

# Cover page



## Title of the report

The Site-Visit to

**NAME OF THE COLLEGE AND**

**UNIVERSITY**

**CITY**

PREPARED BY SITE-VISITING TEAM

NCAMC

**DATE OF SITE VISIT**

# Table of contents

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| Annexes                      |      |

# Memorandum:



- ▶ a letter of acknowledgment.
- ▶ Name, Title, &
- ▶ **signatures of the teams' members.**

# Preface

- ▶ Introduction, the process of assessment.
- ▶ History and Setting of the College and Allied Institutions  
(hospitals and PHCC):

## Summary of SVT Findings:

- ▶ Area-1-
- ▶ Area -2-
- ▶ Area-3-
- ▶ Area -4-
- ▶ Area - 5-
- ▶ Area -6-
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- ▶ Area - 8-
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▶ **Example :**  
▶ EX9WB16 :

**2.8.1 The medical college must ensure **operational linkage** between the educational program and the **subsequent stages** of **education** or **practice after** graduation.**

- ▶ *Operational linkage:*
- ▶ *This requires a clear definition and description of the elements of the educational programs and*
- ▶ *their interrelations in the various stages of training and practice,*
- ▶ *paying attention to the local, national, regional, and global context.*
- ▶ *It would include mutual feedback to and from the health sector and*
- ▶ *Participation of teachers and students in activities of the health team.*
- ▶ *Also implies a constructive dialogue with potential employers of the graduates as the basis for career guidance.*



## 2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard: The medical college must

2.8.1 ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.



- ▶ The linkage between the college and the health institute (teaching hospital, PHCC) is solid, in form of a shared representation from both sides in different committees and in the combined council (...). The learning outcomes of every stage of undergraduate study as well as the schedules of training are well known to the instructors and students, they are announced in the wards as well as in the website (...). The letter of agreement is well written(...); it includes many scientific activities like conferences, meetings, campaigns, CPD, CME..... etc. The students as well as the health staff are involved in regular feedback which is reflected in the learning objectives and instructional methods(...).



## Narrative explanation of the 3 levels :

### ▶ Present :

There is a solid linkage manifested in the letter of agreement, membership in the committees (council, CC), attendance of meetings and so on.

### ▶ Applied :

- Training schedules are posted in the hospital corridors (or website) including different stages of undergraduate and postgraduate studies.

### ▶ Effective :

▶ during the field visit, we verify the implementation of the training schedule according to the learning objectives.

▶ A questionnaire or interview to verify the existence of mutual feedback, and sharing scientific activities....

*[ compare what did you find with the SAS report ]*



## Evidences :

| Present   | 2.8.1. A | letter of agreement  |
|-----------|----------|--|
|           | 2.8.1. B | Official order of a combined council.                            |
|           | 2.8.1. C | Formal invitation to attend meeting                              |
| Applied   | 2.8.1. D | A meeting's minutes with related recommendations                 |
|           | 2.8.1. E | field visit to verify the implementation of the recommendations. |
| effective | 2.8.1. F | mutual feedback , questionnaires.                                |
|           | 2.8.1. G | changing the learning outcomes in accordance to the feedback.    |
|           |          |  |

- ▶ Finally
- ▶ The documents of each area are arranged at the end of each chapter.

- ▶ **Description:** The linkage of XX to the health institute (directorate of health) is achieved and regulated by a memorandum of understanding which is signed by the Dean of the college and the directorate general of health in [XX] which specify the responsibilities and duties of each part and makes a solid base for a sustainable cooperation.
- ▶ **Present:** The cooperation is clearly verified by that the directors of the main teaching hospitals are also members of the teaching staff of [XX] There are a lot of documents listed below to document this cooperation in the training of medical students in the teaching hospitals which are managed by the Ministry of Health and in postgraduate studies according to the needs of the health sector as well as the participation of doctors from health directorate to train medical students in the clinical part in teaching hospitals, on the other side, academic staff of the college participates actively in treating patients in and outpatients setting in these hospitals as well as performing operations and acting in the hospital laboratories.

(annex 2.8.1.a) a memorandum of understanding between the college and the directorate general of health in Duhok

Annex 2.8.1.b is two administrative orders representing a request from the health institute to the college about their needs in postgraduate titles and the college's response to these needs by the establishment of these studies (the same as 2.8.1.f )

- ▶ **Applied and effective:** during field visits to the hospitals we found the directors of the three major teaching hospitals were also teaching staff of the college which represents a clear linkage and opportunity to deliver the clinical part of the curriculum in these hospitals.
- ▶ Examples of the application and effectiveness of this linkage are shown below :

annex 2.8.1.b represent the plan to open new postgraduate studies in response to the health institute's request.

Annex 2.8.1. c represent a meeting of the curriculum committee in response to community needs that ends in a change in the undergraduate curriculum to extend the infection module to another semester

Annex 2.8.1.d is an administrative order containing a list of the teaching staff of the college and the hospitals where they work according to the memorandum of understanding shown above in annex 2.8.1.a

Annex 2.8.1. e participation of doctors and other staff from the health institute in the scientific day of the college

Annex 2.8.1. f is an administrative order from [XX] University answering the [XX] health directorate about their needs for postgraduate studies with the administrative order of the health institute attached in which all the requirements were considered.

Annex 2.8.1.g is a document showing the teaching staff participation in postgraduate training at health institutes, for example, the head of medical education in the college is also the head of the surgical board, another order about the participation of other teaching staff in the training of Board students at health institutes

2.8.1.h: a combined meeting of the dean of [XX] and [XX] directorate of health which is a good example of the presence, application, and effectiveness of cooperation between two sides with feedback and decisions made



**THANK YOU**