Asrat Woldyes Health Science Campus

Quality Assurance Guideline

FIRST EDITION

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1.0						

Revision History:

Version №	Revision №	Revision Date	Reason for Revision	Reviewer		Approver	
				Name	Sig.	Name	Sig.

Amendment:

Version №	Revision №	Status	Reason for Amendment	Reviewer		Approver	
				Name	Sig.	Name	Sig.

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Introduction

Asrat Woldyes Health Science Campus (AWHSC) has its own quality unit with the aim of raising the level of performance, efficiency and competitiveness of the various faculties, departments as well as academic and research centers at the campus in such a way that ensures our presence on the map of distinguished universities/campuses locally and globally.

AWHSC is trying to adopt continuous development is our path to excellence philosophy, which served as the real starting point in achieving the college`s mission and objectives, through optimal exploitation of and use of the available resources, and through supervising the application of quality assurance standards, including academic and administrative quality, in order to move-up in the national and international classification.

We believe that quality plays an essential role in developing education and learning policies and keeping pace with the globalization era. Therefore, quality procedures and applications are no longer an option, but rather have become a strategic necessity to continue to excel among universities, so our graduates can compete in a global market, which in turn requires universities to measure their outcomes and enhance them by adopting the highest international quality standards.

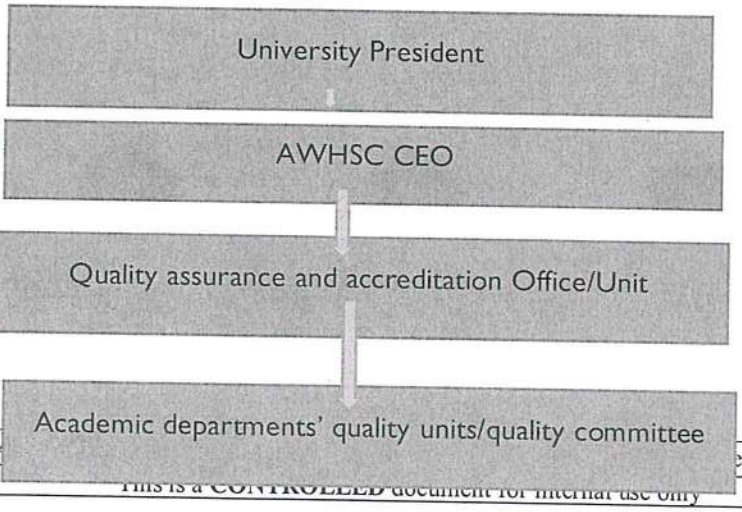
Accordingly, we seek to develop and apply quality to improve the efficiency of our employees and to ensure the quality of its academic programs' outcomes. The university is also keen to provide an efficient college`s staff supported by an effective administrative and technical staff, provide a distinguished learning environment, and graduate competencies capable of innovation, creativity, and to compete in the local, regional, and global market. Therefore, the office works to document quality procedures, monitor their activities, measure learning outcomes, and use this information, to reach the highest levels of quality according to the current requirements.

This manual serves as a comprehensive guide for academic staff at the Asrat Woldeyes Health Science Campus, detailing the responsibilities, monitoring mechanisms, evaluation processes, and development opportunities available to faculty members. The goal is to ensure that all faculty are equipped with the necessary tools, resources, and guidance to deliver high-quality education, conduct impactful research, and engage in meaningful community service. This manual reflects the campus's commitment to fostering an environment of academic excellence, continuous improvement, and professional development.

At Asrat Woldeyes Health Science Campus also ensures educational programs are effective and relevant is vital for preparing students to meet the evolving demands of the healthcare field. This manual provides detailed guidelines for evaluating and maintaining the curriculum's alignment with national health priorities, practical skills requirements, and faculty awareness. It also addresses the importance of a clear academic calendar in supporting both faculty and student planning.

Governance and management Systems of the quality assurance directorate at AWHSC

The key purpose of higher education is to produce highly qualified, innovative and responsible citizens who can contribute greatly to the socioeconomic development and poverty reduction efforts of the country. To produce a qualified health care professionals, every management body is responsible according to the following organogram



Vision

To create and sustain a distinctive national and internationally recognized college at the forefront in learning-teaching, real world research and community engagement through continuous improvement and commitment to quality management process

Mission

In response to national and international demand in education, AWHSC aspires to be excellent in all aspects of its operations and build an effective quality management system through quality assurance of inputs, process integrity, evaluation and review of performance results, continuous improvement according to feedback and optimal utilization of available resources of the campus

Values

1. Institutional Integrity
2. Cooperation and teamwork
3. Belongingness
4. Creativity and innovation
5. Institutional work

Goals

1. Strengthening governance
2. Create an ideal working environment
3. Deepening knowledge
4. Quality and Excellence

Strategic goals

1. Building an effective participatory quality management system
2. Access to national and international competitiveness with quality and classification

Operational objectives

1. Building an effective participatory quality management system
   a. Building and developing a system of quality management and integrated excellence and provide the requirements of its application effectively
   b. Ensure the quality of all processes and procedures of the campus through follow-up and analysis
2. Access to local and international competitiveness with quality and classification
   a. Spreading the culture of quality and excellence in different faculties, colleges and departments of the campus and all employees
   b. Obtaining the national and international quality assurance certificate for the campus and its various academic programs
3. Classification of the university/campus nationally and internationally in various classifications and continuous improvement of the order

Task and Responsibility

Quality Assurance and Accreditation office tasks and responsibilities of the focus on the following areas:

1. Ensuring that the college`s academic schools, academic departments, and administrative departments operate in accordance with the college`s vision, mission, and goals.
2. Spreading and consolidating quality culture among all employees (academic and administrative) at the campus.
3. Reviewing quality control standards for higher education institutions at the national, and global levels.
4. Reviewing the quality of the academic programs offered and making continuous improvements on them to keep pace with changes.
5. Conduct a self-evaluation of academic schools and departments and provide reports to top management accordingly that represent the strengths points to develop them and the weakness points to address them.

6. Holding training courses for employees and academic staff during the academic year on an ongoing basis with the aim of building and enhancing their skills and abilities.
7. Develop plans for improvement and development processes.

Quality policy of the campus

Commitment towards consolidating quality culture and institutionalizing its principles and fulfilling national and international standards requirement through an effective participatory quality management system to ensure the quality of inputs, process, evaluation and the review of the main performance indicators and the continuous improvement in accordance to the feedback and benchmark comparison in order to achieve the objectives of the educational process, learning outcomes and labor market requirements and needs and optimal exploitation of the college's available resources to bring the college to a prominent position nationally and globally. The policy embodies that continual improvement is the path to excellence.

Educational Resources and Infrastructure

To meet its needs and to achieve its goals, a medical school shall have sufficient educationally and contextually appropriate

- financial resources and personnel
- physical facilities, equipment, and clinical resources (like class rooms, skill labs, practical facilities, offices, morning/ meeting rooms and equipment)
- Information technology and other resources (library, ICT) readily available and accessible across all locations
- Student social welfare

Financial resources

- School of medicine and health sciences (~~AWHSC~~) shall have adequate and clearly defined annual budget that includes all departments, clinical practice and/or the health system

derived and approved by the governing board and/or officials of the parent university (DBU)

The learning environment/ Class rooms

- Sufficient physical facilities like the physical spaces and equipment provided for the theoretical and practical learning for given number of students and academic staffs to ensure that the curriculum is delivered adequately
- Teaching tools: Computers, LCDs, smart classes, internet connected classes

o The program/department has department specific guidelines, SOPs, wall charts, e-learning resources [videos, audios], models, etc

General characteristics:

- should be located within a building with easy access by students, avoid distracting noises and sounds
- should not be adjacent to reception areas, dining facilities, rest rooms, mechanical equipment rooms, vehicle bays and other similar noise producing areas
- The design shall take into account the flow of students both in and out of the space and within the space as well as the need for the instructor to move around in the front of the room
- classrooms should have a separate fire exit from the main entrance to the classroom

Seating, Capacity, and Support Space

- The size of the room must be designed to accommodate the programmed number of occupants as well as provide for additional support space for use of audio-visual equipment, access for the disabled, layout of the instructor's materials, circulation space, projection screen, or video monitor
- Natural lighting is desired in all rooms

Types of Classrooms

- Class rooms should be arranged according to the number of students and intended aim

TYPE I (Basic)

- Should have basic standard technologies, such as, an overhead projector, projection screen, marker (writing) board (white) or chalkboard, Ethernet, audio and video components
- This classroom is for less than 41 students

TYPE II (Basic Plus)

- Enhanced classroom of less than 61 students that includes all of the items described in Type I

TYPE III (Practical Skills Classroom)

- Should not be the same classroom that is used for Type I and Type II, however, if there is no additional space the same room can be used
- Classroom for 20- 40 students with carpeting and all items described in Type I
- Separate rooms should be used for each skills station, however, if this is not possible there must be partitions separating each skills station
- The skills lab attempts to recreate the clinical environment and tasks which future health care workers have to perform with various levels of complexity and fidelity
- Skills labs are used to enhance - clinical, motor and communication skills and team work
- Institutions within a geographical area or governance can create shared facilities and resources to reduce cost
- The school need to provide students access to a fully functioning skill lab where they can practice and improve skills pre-specified in the curriculum with a capacity over and above the following minimum requirements
  - A minimum of 4 patient examination rooms (preferably 8) for examination of patients or standardized/ simulated patients by an individual student
  - Should be equipped with a facility for video recording and review

- A room for demonstration of skills for small group
- A review or debriefing area
- Trainers or mannequins required to achieve skills
- Adequate storage space for storage of mannequins and/or other equipment
- A room for faculty coordinator, and for support staff
- standardized/simulated patients can be used

Type IV (Written Examination Location)

- Large room designed to support the secure and required administration of written examination
- Must be setup in such a manor so no other candidate or examiner can observe the testing of a candidate
- Must be partitioned in such a way to reduce noise from surrounding stations
- Environment must be free from undue and excess noise and distractions

Problem-based learning/ PBL

- PBL is a small group collaborative student-centered learning, opposite to the traditional learning approach where instructor's role is simply to facilitate or guide the process
- Use clinical problems rather than discipline-based learning, integration of basic and clinical sciences and development of higher-order cognitive skills as well as knowledge
- The aim is not primarily to solve the problem, but to search for the knowledge in order to approach the problem
- The school should have adequate and separate from class/lecture room for each PBL sessions
- Rooms should be organized to accommodate ideal student number of (6-8 students) and with an emphasis on group work

Clinical Training Resources

- The school should have easily access appropriate and sufficient resources to ensure that students receive the required clinical training
- Wards and patient areas should have space, light and good views
- There should be adequate number of patients, space between beds for procedures, clinical activities and infection control
- Should have offices, morning or meeting rooms

Library

- Should provide readily accessible well-maintained library facilities sufficient in size, breadth of holdings, and technology to support its educational and other missions
- Should provide service to users appropriate with regard to usability and functional convenience
- adequate study and small-group conference space
- adequate computers and audiovisual equipment
- adequate library hours
- adequate staffs and assistance available
- should use technology as a learning resource and manage its activities supported by technology
- should have physical or electronic access to the current and prior volumes of leading biomedical, clinical, and other relevant periodicals, self-instructional materials, and any other information resources required to support the institution's educational program
- shall enable students to access information from affiliated hospitals or from home
- The library should have mechanism to regularly evaluate the adequacy and accessibility of resources and services and take appropriate measures to address limitations

ICT Unit

- Must provide access to well-maintained information technology resources sufficient in scope and expertise to support the needs of the educational program to ensure achievement of the medical school's missions
- Information technology service units to access information resources (e.g., university data network, Internet connection
- wireless network in the campus and whether wireless capability is available in the library, in classrooms, and study areas
- access for educational resources (e.g., curriculum materials, library resources) from off-campus sites

Student social welfare

- the school should have widely accessible student social welfare policy that aim at enhancing and easing the quality of student's life.
- the school should have adequate facility for sport and recreational, health facilities, guidance and counselling service and student support service
- the school should have mechanism for monitoring and evaluation of those services with reference to national and international best practices
- Departments should continuously monitor and regularly assess the appropriateness and adequacy of support services provided to students and staffs with respect to adequacy and quality of
    - Support system management system
    - Academic and social counseling services

o The school should have student services like health, catering, recreational and other services

Academic Staffs/faculty

Faculty Responsibilities

At the Asrat Woldeyes Health Science Campus, faculty members play a pivotal role in shaping the educational experience of students and advancing the institution's academic mission. Faculty responsibilities encompass several critical areas:

- **Teaching:** Faculty are responsible for developing and delivering course content that aligns with the curriculum and learning objectives of their respective programs. This includes creating syllabi, preparing lectures, leading seminars, and assessing student performance. Faculty must ensure that their teaching methods are engaging, inclusive, and tailored to the diverse learning needs of students.
- **Research:** Faculty members are encouraged to engage in research activities that contribute to the advancement of knowledge in their fields. This involves designing and conducting research studies, publishing findings in peer-reviewed journals, and presenting at academic conferences. Research activities should also align with the broader goals of improving public health outcomes and addressing pressing health issues within Ethiopia.
- **Community Service:** As part of their professional responsibilities, faculty members are expected to participate in community outreach programs that promote health awareness and education. These activities might include organizing health camps, delivering public lectures, or collaborating with local healthcare organizations on community health projects.
- **Mentorship:** Faculty members are tasked with mentoring students, providing academic guidance, career advice, and support throughout their educational journey. This mentorship role is critical in helping students navigate their academic paths, develop professional skills, and achieve their long-term goals.

Each faculty member is provided with a detailed role description upon joining the campus. This document outlines specific duties and expectations, which are reviewed annually by the department head or program coordinator to ensure alignment with the institution's evolving goals.

Monitoring Mechanisms

To maintain high standards of teaching and academic performance, the Asrat Woldeyes Health Science Campus has established rigorous monitoring mechanisms. These mechanisms are designed to provide ongoing support to faculty while ensuring that their performance meets the institution's expectations:

- **Classroom Observations:** Classroom observations are a key component of the monitoring process. Department heads or appointed senior faculty members conduct regular, scheduled observations to assess the effectiveness of teaching methods, student engagement, and the overall learning environment. Feedback from these observations is provided to faculty to help them refine their teaching strategies.
- **Peer Review:** The campus encourages a culture of peer support and professional development through peer review sessions. Faculty members observe each other's classes and provide constructive feedback on various aspects of teaching, including course delivery, student interaction, and content organization. Peer reviews foster a collaborative environment where faculty can learn from each other and continuously improve their teaching practices.
- **Progress Reports:** Faculty members are required to submit periodic progress reports that detail their teaching activities, research progress, and community service contributions. These reports are reviewed by the department head to ensure that faculty are on track with their responsibilities and to identify any areas that may require additional support or intervention.

Monitoring tools and documents are readily available to faculty, outlining clear guidelines on performance expectations, reporting procedures, and the frequency of evaluations. These tools are designed to be transparent and supportive, helping faculty to achieve their full potential.

Evaluation of Academic Staff

The evaluation of academic staff at the Asrat Woldeyes Health Science Campus is a comprehensive process that ensures faculty performance is assessed fairly and consistently. The evaluation process includes multiple components to capture a holistic view of faculty contributions:

- **Student Evaluations:** At the end of each semester, students are asked to complete evaluations of their instructors. These evaluations cover various aspects of teaching, such as clarity of instruction, engagement, accessibility, and the effectiveness of course materials. The feedback provided by students is invaluable in identifying strengths and areas for improvement in teaching practices.

- **Peer Evaluations:** Faculty members participate in peer evaluations, where colleagues assess each other's teaching methods, course content, and student interaction. Peer evaluations are conducted in a spirit of professional development, offering constructive feedback that faculty can use to enhance their teaching effectiveness.
- **Department Head Evaluation:** The department head conducts an annual performance review for each faculty member, considering their teaching effectiveness, research output, community service involvement, and overall contribution to the department and campus. This evaluation includes a review of student and peer evaluations, classroom observations, and progress reports.

The results of these evaluations are documented in an evaluation report, which is shared with the faculty member. Feedback is provided in a constructive manner, focusing on areas of strength and opportunities for professional growth. Faculty members are encouraged to use this feedback to improve their performance and advance their careers.

Training on Effective Teaching Methodology

Recognizing the importance of continuous professional development, the Asrat Woldeyes Health Science Campus offers regular training sessions on effective teaching methodologies. These training sessions are designed to equip faculty with the latest pedagogical techniques and tools to enhance their teaching:

- **Innovative Teaching Techniques:** Faculty are trained in the use of innovative teaching methods, such as flipped classrooms, problem-based learning, and the integration of technology into the learning process. These techniques are designed to make learning more interactive, student-centered, and aligned with real-world applications.
- **Student-Centered Learning:** Training sessions focus on strategies for creating a student-centered learning environment, where students are active participants in their education. Faculty learn how to design assignments and activities that promote critical thinking, collaboration, and independent learning.
- **Assessment Strategies:** Effective assessment is crucial to measuring student learning outcomes. Faculty are trained in developing fair, transparent, and diverse assessment

methods that accurately reflect student understanding and progress. This includes training on formative and summative assessments, rubrics, and feedback mechanisms.

Faculty participation in these training sessions is mandatory, and attendance is recorded. Certificates of completion are issued to faculty who participate, and these certificates are included in their professional files. The campus is committed to ensuring that all faculty members are well-prepared to deliver high-quality education that meets the needs of diverse student populations.

Orientation for New Academic Staff

The orientation of new academic staff is a crucial step in ensuring their successful integration into the Asrat Woldeyes Health Science Campus. The orientation program is comprehensive, providing new faculty members with the information and support they need to thrive in their new roles:

- **Campus Policies:** New faculty members are introduced to the campus's key policies, including those related to academic integrity, student conduct, and faculty responsibilities. Understanding these policies is essential for maintaining the campus's high standards of academic excellence and ethical conduct.
- **Teaching Resources:** During the orientation, new faculty are provided with an overview of the teaching resources available to them. This includes access to digital tools, learning management systems, library services, and support staff. Faculty are trained on how to effectively utilize these resources to enhance their teaching and support student learning.
- **Mentorship Program:** Each new faculty member is paired with an experienced faculty mentor who provides guidance and support during their first year. The mentor helps the new faculty member navigate the campus culture, understand their responsibilities, and develop effective teaching and research strategies.
- **Campus Culture:** The orientation program also includes an introduction to the campus's mission, values, and commitment to community engagement. New faculty are encouraged to participate in campus-wide activities and initiatives that align with the institution's goals and contribute to a vibrant academic community.

The orientation program is outlined in a detailed document that new faculty members receive upon their appointment. This ensures that all new academic staff are well-prepared to contribute effectively from the start of their tenure and are fully integrated into the campus community.

Faculty Development Programs

To support the ongoing professional development of faculty, the Asrat Woldeyes Health Science Campus offers a variety of faculty development programs. These programs are designed to enhance faculty skills in teaching, research, leadership, and professional practice:

- **Research Workshops:** The campus regularly offers workshops on research methodologies, grant writing, data analysis, and publication strategies. These workshops are designed to help faculty develop their research skills, secure funding for their projects, and contribute to the academic community through high-quality publications.
- **Leadership Training:** Faculty members who aspire to leadership roles are encouraged to participate in leadership training programs. These programs cover topics such as academic leadership, strategic planning, conflict resolution, and team management. The goal is to prepare faculty for future roles as department heads, program coordinators, or other administrative positions.
- **Professional Certifications:** The campus supports faculty in obtaining professional certifications in areas related to their field. These certifications enhance the faculty's expertise and credibility, allowing them to bring cutting-edge knowledge and skills into the classroom. Faculty who obtains these certifications are recognized for their achievements, and this recognition is considered in their evaluations and promotions.

Faculty development programs are an integral part of the campus's commitment to academic excellence. Participation in these programs is strongly encouraged, and faculty are provided with the necessary resources and support to pursue these opportunities.

Faculty Support and Resources

The Asrat Woldeyes Health Science Campus is committed to providing faculty with the support and resources they need to succeed in their roles. This includes access to a wide range of academic, administrative, and technological resources:

Access to Research Databases: Faculty members have access to an extensive collection of research databases and academic journals. These resources are essential for conducting high-quality research, staying up-to-date with developments in their field, and enhancing their teaching with the latest evidence-based practices.

- **Teaching Assistants:** Faculty members can request the assistance of teaching assistants to help with administrative tasks, grading, and providing additional support to students. Teaching assistants are typically postgraduate students who are trained to assist faculty in delivering course content and managing classroom activities.

Feedback and Continuous Improvement

The campus is committed to continuous improvement in all aspects of academic staff management. Faculty members are encouraged to provide feedback on the effectiveness of the monitoring, evaluation, and training programs. This feedback is used to refine these processes and ensure that they meet the needs of the faculty and the campus.

Program Relevance and Curriculum [Department/Program Level]

1. Alignment with National Health Priorities and Emerging Issues

1.1 Course Syllabus Review

The course syllabus is a crucial component of the educational framework. It outlines the learning objectives, content, and assessments for each course. To ensure that the syllabus aligns with national health priorities, it should include topics that address pressing health issues identified by health authorities. For example, if the country is facing an increase in non-communicable diseases such as diabetes and hypertension, the syllabus should incorporate modules that cover the prevention, management, and treatment of these conditions [1]. Regular reviews of the syllabus should be conducted to integrate the latest research and guidelines from national health organizations [2].

1.2 Societal Needs Integration

The curriculum should reflect the specific health needs of the local population served by the campus. This requires an understanding of the demographic and epidemiological profile of the region. For instance, if the region has a high prevalence of maternal and child health issues, the

curriculum should include comprehensive content on prenatal care, pediatric care, and family planning. Collaboration with local health agencies and community leaders can provide valuable insights into regional health needs, ensuring that the curriculum is tailored to address these priorities[3].

1.3 Emerging Issues and Legal Requirements

Healthcare is a rapidly evolving field with new challenges and technologies emerging regularly. The curriculum should be updated to include information on recent advancements, such as telemedicine, new diagnostic tools, and innovative treatments [4]. Additionally, compliance with legal and ethical standards is essential. The curriculum must address current regulations related to patient privacy, informed consent, and professional conduct [5]. This can be achieved by incorporating relevant legal case studies, ethical dilemmas, and best practice guidelines into the coursework [6].

1.4 Documentation and Evidence

To document alignment with national priorities and emerging issues, the curriculum should include references to relevant health reports, legal guidelines, and scientific literature. This documentation should be reviewed and updated regularly. Evidence of curriculum changes can be maintained through minutes of curriculum committee meetings, updated syllabus versions, and feedback from stakeholders such as health professionals and policymakers. This approach ensures that the curriculum remains dynamic and responsive to both national and local health trends[7, 8].

2. Defined Competencies for Graduates

2.1 Competency Framework Development

A well-defined competency framework is essential for guiding the educational outcomes of the program. This framework should specify the knowledge, skills, and behaviors expected of graduates [9]. Competencies might include clinical skills such as diagnostic procedures, communication skills like patient counseling, and professional behaviors such as ethical decision-making and teamwork. The framework should be developed in consultation with healthcare professionals, academic experts, and industry stakeholders to ensure it meets current standards and future needs [10].

2.2 Curriculum Mapping

Curriculum mapping involves aligning course content with the defined competencies. Each course should be designed to contribute to specific competencies, ensuring a coherent and comprehensive educational experience[11, 12]. For instance, a course on clinical skills should map to competencies related to patient assessment and intervention techniques. Mapping helps identify gaps in the curriculum, ensuring that all necessary competencies are addressed. It also facilitates the integration of interdisciplinary approaches, where relevant, to enhance the breadth and depth of the program[13].

2.3 Assessment and Evaluation

Assessment methods should be varied to effectively measure the attainment of competencies. Formative assessments, such as quizzes, case studies, and practical exercises, provide ongoing feedback to students and help them track their progress. Summative assessments, including final exams, practical exams, and projects, evaluate overall competency. The assessment process should be transparent and aligned with competency standards, providing clear criteria and expectations. Regular evaluation of assessment outcomes, through analysis of student performance data, helps in refining the curriculum and improving teaching methods [14].

2.4 Documentation and Review

Documentation of the competency framework and its integration into the curriculum is essential for accountability and continuous improvement. This includes maintaining records of the framework, curriculum mapping documents, and assessment criteria. Regular reviews should be conducted to ensure that the framework remains relevant and reflects changes in the healthcare field. Feedback from graduates, employers, and academic advisors should be used to inform these reviews, ensuring that the competencies remain aligned with current professional expectations and practices[15].

3. Practical Skills Acquisition

3.1 Practical Training Requirements

Practical training is a critical component of healthcare education, providing students with hands-on experience in real-world settings. The curriculum should include opportunities for clinical

placements, simulation labs, and skills workshops. These practical experiences should be structured to cover a range of essential skills, such as patient assessment, diagnostic procedures, and therapeutic interventions. Collaboration with healthcare facilities and organizations can help ensure that training opportunities are relevant and of high quality[16, 17].

3.2 Log Book Verification

Log books are used to document students' participation in practical training sessions. Regular verification of these log books ensures that students are engaging in required activities and acquiring the necessary skills. The log books should include details such as the type of practical session, the skills practiced, and feedback from supervisors. Random checks of log books can help maintain standards and provide insights into the effectiveness of practical training[18].

3.3 Skill Competency Assessment

Assessment of practical skills should be integrated into the curriculum to validate students' proficiency. This can be achieved through practical exams, skills demonstrations, and performance evaluations during clinical placements. Competency-based assessments should be aligned with the defined competencies and provide clear criteria for evaluating students' skills. Feedback from clinical supervisors and instructors should be used to assess performance and identify areas for improvement[19].

3.4 Documentation and Quality Assurance

Maintaining detailed records of practical training and assessments is essential for quality assurance. Documentation should include descriptions of practical sessions, assessment criteria, and student feedback. Regular audits of practical training records can help identify areas for improvement and ensure that students are meeting the required standards. Quality assurance processes should also involve reviewing feedback from students and clinical partners to continuously enhance the practical training program[20].

4. Faculty Awareness of Curriculum

4.1 Faculty Interviews

Faculty members play a crucial role in delivering the curriculum and ensuring its effectiveness. Conducting interviews with faculty members, including the department head, helps assess their understanding of the curriculum's objectives, content, and assessment methods. Interviews should focus on faculty members' knowledge of key curriculum areas, their teaching approaches, and their awareness of any recent updates or changes [21].

4.2 Curriculum Dissemination

Effective dissemination of the curriculum involves providing faculty with access to comprehensive curriculum documents, including syllabi, competency frameworks, and assessment guidelines. Faculty meetings, workshops, and training sessions should be used to communicate curriculum changes and ensure that all faculty members are up-to-date. Providing faculty with clear and accessible documentation helps maintain consistency and quality in teaching[19].

4.3 Faculty Feedback

Collecting feedback from faculty members about the curriculum provides valuable insights into its strengths and areas for improvement. Faculty feedback should be gathered through surveys, focus groups, or informal discussions. This feedback can help identify challenges in delivering the curriculum, highlight successful practices, and inform future revisions. Systematic collection and analysis of feedback are essential for continuous improvement.

4.4 Documentation and Communication

Documentation of faculty interviews, curriculum dissemination processes, and feedback is important for ensuring transparency and accountability. Records should include summaries of interviews, documentation of curriculum distribution, and analysis of feedback. Clear communication channels should be established to keep faculty informed about curriculum updates and changes. Regular reviews of faculty awareness and curriculum effectiveness support ongoing enhancements to the program[20].

5. Academic Calendar

5.1 Availability of Academic Calendar

An academic calendar is a critical tool for managing the academic year and providing clear information on important dates. The calendar should include details such as the start and end dates

of semesters, examination periods, and deadlines for assignments and projects. It should be made readily accessible to both faculty and students through notice boards, online platforms, and academic handbooks[22, 23].

5.2 Faculty Awareness of Calendar

Ensuring that faculty members are aware of the academic calendar is essential for effective planning and coordination. Interviews with faculty should confirm their knowledge of key dates and deadlines, including grading deadlines and course planning milestones. Faculty members should be familiar with the calendar to manage their teaching responsibilities and administrative tasks efficiently[23].

5.3 Student Awareness and Access

Students should be informed about the academic calendar to help them plan their studies and manage their time effectively[24]. The calendar should be accessible through online platforms, notice boards, or academic handbooks. Regular reminders and updates about important dates can help students stay organized and meet deadlines. Providing students with tools and resources to manage their schedules enhances their academic experience[25].

5.4 Documentation and Accessibility

Documentation of the academic calendar's distribution and communication should be maintained for reference. This includes copies of the calendar, records of notifications to faculty and students, and feedback on the calendar's accessibility. Regular reviews of the academic calendar ensure that it meets the needs of both faculty and students and supports effective academic planning [26, 27].

Conclusion

This Program Relevance and Curriculum Manual for Asrat Woldeyes Health Science Campus provides a detailed framework for evaluating and enhancing the curriculum at the department level. By focusing on alignment with national health priorities, defining competencies, ensuring practical skills acquisition, maintaining faculty awareness, and providing an accessible academic calendar, the manual supports continuous improvement and excellence in healthcare education. Ongoing reviews and updates, informed by feedback and emerging trends, are essential for maintaining the curriculum's relevance and quality.

Student progression and graduation outcome

Tracer studies

Tracer studies are intended to help the university ensure both its meeting of student's expectations in respect of their preparedness for their future carrier and that it is producing graduates equipped to meet the demands for the employment market of todays and tomorrow. These studies will complement other quality assurance development including the general practice on industrial/internship learning and the guidance produced by the quality Assurance task force with respect to program specification and student progress records

Graduates survey is a kind of systematic analysis of the university the implementation skills which they can be acquired by the university staff members of different professionals' provenance and functions.

One fundamental problem of education and training is that they shall be geared to the current and future needs of societies undergoing social and economic change. Education and training cannot be planned to static specifications. Rather shall be planned flexibly with in the dynamic process it is and shall always remain capable of change. It shall also be insured that the specific circumstance of the country is taken into account, such that education and training are made effective and efficient in order to make the best possible use of scarce resources.

Graduate and employer survey constitute one form of empirical study which can be considered and appropriate means of evaluating the result of the education and training provided at a given institution and which have gained widespread importance in recent years. Depending on the information required, and always based on the criteria of cost and benefit, a variety of parameters can be looked in to demonstrate the success of education and training relating to the graduate professional success (career, status, income), relevance of qualifications (employment commensurate with qualification, field of employment, professional position).

The information acquired by means of graduate and employer surveys can indicate possible deficits in a given educational program and serve as a basis for future planning activities, such that the academic program review might be brought more closely in line with the needs of the country. Measures to promote universities, therefore, aim to enable the institutions to respond appropriately

to the changing needs of the society, and to make possible autonomous decision making and endogenous development processes through the elaboration, evaluation and dissemination of knowledge and expertise.

N.B: Graduate and employer survey study will be conducted at least of every six month and based on the nature and requirement of the profession at least every one year by the campus/ university's alumni.

Quality For Research and Community Services

Quality of research Activities

In order for DBU Asrat Woldyes Health Science Campus to keep an outstanding international reputation in research, it shall be committed to maintain and expanding its research capacity to achieve research and research training of international distinction. Quality of research shall include:

- Assessment of capacity to perform research at the individual, group and/or faculty/school/college/institute level.
- Assessment of the research relevance to the discipline, Asrat Woldyes Health Science Campus locally and globally
- Assessment of external research and internal funding
- Assessment of research management
- Assessment of research findings and dissemination including publications to reputable journals
- Assessment of research and research training strategies whether they reflect international best practice.

The research quality control mechanism at the Asrat Woldyes Health Science Campus is overseen by the campus institution Ethics Review Board (IRB). Their main responsibilities include:

1. Ensuring that research proposals receive thorough, independent, and timely ethical review, adhering to the University's ethics review procedures.
2. Critically evaluating and endorsing new project proposals at the School/Department level.
3. Evaluating and endorsing reports/results of completed projects at the school level.

4. Evaluating and recommending the termination of projects to the higher-level ethics review boards (UIRB/CIRB).
5. Settling conflicts of interest that may arise on projects initiated by staff and students.
6. Issuing letters of request for ethical clearance for approved projects to the UIRB or CIRB.
7. Reviewing and approving undergraduate student research papers/proposals, and submitting requests for ethical clearance to the CIRB/UIRB.

The guiding principles and ethical values that researchers are expected to follow include:

- Avoiding harm to people and the environment
- Ensuring transparency, accountability, and social value in research
- Preserving privacy and confidentiality
- Upholding honesty, integrity, and responsible publication
- Respecting intellectual property and avoiding plagiarism
- Ensuring non-discrimination and compliance with relevant laws and policies
- Providing informed consent and minimizing risks to human/animal research participants

Research Quality Assurance Processes

- All research proposals go through a multi-stage review and approval process involving the Institutional Review Board (IRB).
- Approved projects are required to submit progress reports and final reports, which are reviewed by the IRB.
- Researchers are required to undergo training on research ethics, data management, and quality assurance best practices.
- The campus provides seed funding and incentives for researchers to publish in high-impact, peer-reviewed journals.
- Research outputs undergo plagiarism checks and peer review before publication.

Continuous Improvement

- The IRB also continuously reviews and updates the research quality assurance policies and procedures based on feedback, emerging best practices, and regulatory changes.

- The campus encourages a culture of continuous improvement, where researchers are empowered to identify and address quality issues in their projects.
- Regular workshops, training sessions, and forums are organized to share learnings, address challenges, and foster a collaborative research environment.

Quality of community engagement activities

The community management system includes strategies, policies and arrangements providing for a shared understanding of the nature, role and goals of community engagement of the AWHSC. The management of the campus's community engagement activities shall be conducted within an approved framework of Institutional strategies, policies and arrangements to enable the campus meet its need in such a way that the quality of the community engagement activities can be assured. The quality assurance policy requires that all departments (both academic and administrative) constantly monitor and frequently evaluate the quantity and quality of community engagement activities rendered by their student and staff, with a view to assuring the highest possible quality in terms of:

- Effectiveness of community engagement activities
- Relevance of the priorities set institutionally and by individual departments
- Adequacy and quality of outputs in community engagement activities
- Overall impact of DBU AWHSC serves to the public

Monitoring and Evaluation of Community Service Activities:

Monitoring:

- Community service project progress reports are submitted to the college/institution/school/Community Service Directorate (CSD) office halfway through the project and at the end.
- The concerned authorities (college/CSD) follow up on the projects during implementation in collaboration with the public relations office.

Evaluation:

- College associate deans and the CSD evaluate the progress of community service activities at each stage.

- They examine the relevance of the activities to the project objectives, identify operational problems, and suggest solutions.
- They ensure the activities adhere to the approved strategies and identify any changes or modifications.
- They assess the utilization of resources (human, financial, equipment, infrastructure, transport), the participation and skills of collaborating members, the quality of work, and whether ethical standards have been considered.
- They provide specific recommendations based on the evaluation.

Documentation and Archiving

- Documentation and archiving of the community service projects are done, including the proposal document, minutes and recommendations, award letter and contract, contact details, follow-up documents, completion/suspension/termination notifications, and progress/terminal reports.

Internal Quality Assurance (IQA) Mechanisms

An internal quality assurance mechanism is a pragmatic and holistic quality and performance management process to improve education and student achievement. It consists of systematic, effective and consistent use of national or institutional agreed standards, indicators, survey instruments to obtain data for monitoring and enhancement of education and training. The IQA mechanism has the following peculiar advantages:

• It is proactive approach focusing on desired level of quality rather than problems

• It emphasizes on continual educational quality assessment to guide the QA process and inform deans, faculties, administrative staffs and other stakeholders to reinforce change

• It recognizes motivation as key performance factor and tries to address motivation of faculty and administrative staffs using reasonable approaches

• It encourages individual networking and peer assessments between institutions and faculties to share best experiences

The IQA mechanism uses **four** basic steps:

1. Setting of scientifically sound and nationally accepted assessment tools – standards, indicators and survey instruments based on global standards
2. Using the tools to measure baseline performances and inform quality education
3. Measuring progress using the tools and documenting findings
4. Recognizing achievement

1. Set Internal Quality Assurance Tools

Viable IQA systems at HEIs would enable higher education institutions conduct regular self-assessments and accordingly take remedial actions based on results of the assessment. This whole process lays a foundation for accreditation of academic programs and then improves quality of education provision. To conduct self-assessments and guide HEIs' quality improvement processes, standardized tools should be available at University, College/School and departmental levels. There are various assessment tools which can be used for quality assessment and improvement purposes. Institutions assess their education provision using a combination of these tools. The following are recommended tools for purposes of internal quality assurance.

- Academic program level quality standards
- Education key performance indicators
- Clinical practice sites standards
- Tracer study tools for program evaluation
- Final year student evaluation instruments for program evaluation
- Student evaluation of instruction and courses
- Peer evaluation of instruction

Program Level Quality Standards

A standard is a statement of required or conventional level of educational quality. It is an achievable level of performance against which actual practice and quality is compared. National education quality assurance standards are set jointly by all stakeholders like ETA, Universities, health professional associations, federal ministry of health representing the industry and federal TVET agency. They are developed in line with ETA's quality audit focus areas. These are in turn adapted from global education standards adjusted to fit in to the national context. The following

program specific international standards were used: the International Confederation of Midwives (ICM), World Health Organization (WHO), World Federation of Medical education (WFME), International Confederation of Nursing (ICN), etc. The standards considered national and institutional priorities and needs as well whilst being developed.

The prime purpose of having such standards is to provide HEIs and regulatory bodies a process which motivates and facilitates change, reform and innovation. Eventually, they become a powerful tool to safeguard education and professional practices in Ethiopia. The standards reflect the required nature of education processes, inputs, environments, structures and outcomes. They are also influenced by program goals, outcomes and educational contents. Detailed and specific standards so as to be too prescriptive are not encouraged to HEIs for they wouldn't allow HEIs go towards innovation. Good standards should acknowledge institutional differences, allow various cultures and promote dynamic program development. On the bases of purpose and scope, standards we use for QA are set at two levels.

• **Accreditation (Basic) Standards:** those intended to be basic/minimum requirements for operation. These help ETA to accredit HEIs to open new programs or re-accredits existing programs.

Look the following example of basic accreditation standards

The Pharmacy school has adequate number of qualified academic staff to run the program. The number of qualified academic staff is determined for each year as follows:

- The number of students per session in classroom teaching is 40
- The number of students per session in skills lab is 18-25
- The number of students per session during bed side/ward teaching 5 -10
- All major/ professional courses must be taught by pharmacists with M.SC and above in the respective fields of pharmacy

• **Quality Improvement Standards:** encompass those standards which encourage quality development and maintenance (in addition to basic requirements). They are directions for further development.

Look at the following example for quality improvement standards.

The pharmacy school should

- Ensue that more than 20% of instructors teaching all courses in the curriculum have PhD and above
- Each instructor has received a technical update in the field of instruction in the past 2 years
- Instructors are involved in providing clinical/community service (preferably related to their specialty)
- Create a system by which academic staffs are involved in providing clinical/community service (related to their specialty)
- Ensure that each academic staff is involved in research activity

Use the annotations/verifications written under each standard for further elaboration, clarification and exemplification of key words or concepts in the standards. The annotations are not separate standards but explanations of how to use and verify the standard.

Look at the following example for annotation:

Annotation

Qualifications of academic staff would mean appropriateness of the high-level trainings appropriate to the course being taught. A school of pharmacy should have academic staffs with the following qualifications to teach major/professional courses: pharmaceutics/pharmacy technology, pharmacology, clinical pharmacy/pharmacy practice, medicinal chemistry, pharmaceutical analysis, social pharmacy and pharmacoepidemiology/pharmacy administration, complementary medicine

Whenever there are no national program specific standards for an academic program, HEIs should use ETA's generic program standards to adapt to program and/or implement.

Areas Covered by the program level Standards:

Generally, the program level standards are structured according to ten major areas. The areas are defined as broad components in the structure and process of education (see below).

1. Program aims, goals, and learning outcomes
2. Governance, leadership, and administration
3. Educational resources

4. Academic and support staff
5. Student admission and support services
6. Program relevance and curriculum
7. Teaching, learning and assessment
8. Student progression and graduate outcomes
9. Continual quality assurance
10. Research, development and educational exchange

Key Education Performance Indicators

Key performance indicators - measure achievement of essential outputs and outcomes of education. These indicators help determine whether the overall goal of academic program, student achievement, is obtained. In addition, they demonstrate whether HEIs or programs have prepared faculty, developed curriculum, improved practicum sites, polices, and systems. The following are key performance indicators are advised to be used in conjunction with standards.

- Student progression rate in each program, disaggregated by gender and academic year
- Student drop-out rate in each program, disaggregated by gender and academic year
- Student graduation rate in each program, disaggregated by gender
- Ratio of academic staff to students in each program,
- Percentage of faculty trained in each program, disaggregated by type of training (technical update, pedagogy)
- Attrition rate of faculty in each program
- Academic policies, rules and regulations improved (that meets standards)
- Percentage of clinical education sites improved (that meet service delivery standards)
- Curricula regularly reviewed and evaluated for needed.

Clinical Practice Sites Standards

Universities, colleges, programs should support and involve clinical practice sites to maintain the quality-of-service delivery. This ensures students learn appropriate service delivery practices in the health facilities and essential behaviors from practicing health professionals. In addition, higher education institutions would get opportunities to support and advice service delivery facilities for

provision of quality health care, to deliver community service and to affect their social responsibilities for the nearby communities.

2. Implementing IQA standards and indicators

2.1. Conduct Baseline Assessments

It begins with baseline assessment of educational performance and quality using standards, indicators and other instruments to identify gaps. During the assessment, team of assessors must determine whether the standards, indicators, criteria are met or not. When recording the findings of the assessments in the tool, assessors must identify gaps and their details that could help for analyzing causes. Assessment results can be summarized in number or percentage of standards being met for future monitoring purposes. Once gaps are identified, they should be analyzed for their causes. Interventions should be implemented using plan of actions.

Table: Summary of Achieved Educational Standards by Focus Areas: Midwifery Department, XX University, Baseline Assessment/ Jan, 2006 E.C.

Focus Area	**Number of standards**	**Standards Achieved**	
		Number	**Percentage**
Program aims, goals and learning Outcomes			
Governance, leadership and administration			
Educational Resources			
Academic staff and faculty			
Program aims, goals and learning Outcomes			
Governance, leadership and administration			
Educational Resources			
Academic staff and faculty			
Program aims, goals and learning Outcomes			
Governance, leadership and administration			
Educational Resources			
Academic staff and faculty			
Program aims, goals and learning Outcomes			

Frequency of Self Assessments

Regular and continuous self-assessments using standards and indicators are keys for quality enhancement. Hence, HEIs and programs with technical support from the EQA office or HSEDC will conduct internal self-assessment semi-annually (preferably at the end of semesters) to determine baseline performance and measure progress over time.

However, some areas (for example mission, goal, and program outcomes) may not be feasible to assess every six months and QA offices should identify logical timing for assessing these.

Who Conducts Assessments?

Each department will conduct baseline assessment and internal monitoring assessments through the EQA coordinators and teams. The EQA coordinator at each department should coordinate and lead regular self-assessments. The members of the EQA teams will be oriented on the standards, purpose and how to analyze the findings. The teams at each department will conduct the assessment, analyze the gaps, develop plan of actions and report to EQA office at the department/school/ faculty or college level as appropriate to seek support for resources. As this is a cyclic process of identifying barriers; planning and implementing interventions; evaluating progress made it requires unwavering attention and support from the University's leadership and management body.

How to Conduct Educational Quality Assessments?

The methods used to determine whether standards and indicators are met by HEIs or programs are direct observations of performances, review of documents and structured interviews. The assessors use their data collection expertise to find concrete and accurate gaps using standards and indicators. The following tips are helpful guides during employing the above assessment methods:

When using direct structured observation:

- Ω Develop agreed public schedule for assessment and prepare assessment tools
- Ω Introduce yourself and explain the reasons for assessment
- Ω Use the assessment tool – standards and indicators properly
- Ω Do not provide feedback during the assessment

- Be objective and respectful during the assessment

When conducting document review:

- Develop agreed public schedule for assessment and prepare assessment tools
- Introduce yourself and explain the reasons of the review
- Identify correct sources of information– curricula, administrative records, academic policy, student assessments, etc.
- Review the selected documents using the assessment tool – standards or indicators
- Ask questions for responsible individuals for further clarification and/or complement
- Be objective and respectful during the assessment

When conducting interview:

- Develop agreed public schedule for assessment and prepare assessment tools
- Introduce yourself and explain the reasons for the assessment
- Identify academic staff, administrative staff, managers and/or students who know the status better
- Interview him/her using the assessment tool
- Probe individuals to get precise information
- Ask the persons to show relevant documents, educational materials
- Be objective and respectful during the assessment

Indicators can be calculated from data using relevant documents and through interview with education leader. They should be calculated or put in correct formats either as raw numbers or percentages.

2.2. Gap Identifications

During the assessment, standards are said to be achieved when all aspects described in standards, verification criteria and/or annotations are fulfilled by programs. Any standards which are incorrectly performed, incompletely conducted or not performed at all are identified by the assessment team as gaps. Lower achievements of programs with respect to key performance indicators can be identified as marker of performance gaps and appropriate investigation should

be employed to pin point the gaps. Identified gaps are listed standards or aspects of standards which are not performed correctly and completely.

2.3. Analyzing Causes for the Gaps Identified

Once the gaps are identified during the assessments, the EQA office and teams should take time to analyze causes. Gaps may be due to a number of causes including workforce, resources constrains and infrastructure.

• **Capability issues – knowledge, skills and expertise of academic staffs, education managers and administrative personnel.**

Example: Pedagogic and technical skills of instructors and preceptors insufficient for specific teaching/coursework or clinical setting.

Examples: consider staff workload—one computer lab tutor to 1000 students. Or assigning preceptors not having background/training for clinical teaching

• **Institutional capacity** – the availability and adequacy of learning resources, teaching aids, environment, infrastructure in HEIs.

Example: lack of books and skills lab materials; shortage of clinical practice sites and resources in clinical practice sites, stock outs, etc.

• **Motivational issues** – Enthusiasm of faculty to do the jobs and can be modified by incentives, feedbacks, social recognitions, improved institutional capacity, and workflow arrangement.

Methods for Analyzing Causes

How can we know the exact cause/s creating performance gap? There are several methods that can help in this task. The cause analysis methods can range from unstructured to more structured ones. They help to identify the root cause of the gaps and design the interventions accordingly.

Less structured approaches:

Ω **Intuition:** Immediate "sense" of cause. It is immediate knowledge of something without conscious use of reasoning. It is often the beginning of analysis and clue to further investigation.

- **Networking:** Talking to others with experience of the same problems and how they have addressed them. It helps to share gaps and issues with others and successful solutions and lessons learned.
- **Experience:** It is based on experts' opinions. Try to use experiences of others by consulting experts and getting several opinions in order to avoid potential biases.

Semi-structured

- **Brainstorming:** Allows the generation of a large number of ideas on a subject without criticizing or judging them

Steps of brainstorming:

- Define and write down the issue to be analyzed
- The members of the team give their ideas on the issue
- Ideas are not criticized, judged or interpreted
- Write down the ideas on a flipchart, using the speakers' words
- Eliminate ideas that are duplicates

- **Nominal group technique**: Allows a team to quickly come to a consensus on the relative importance of issues by incorporating individual rankings of importance into a team's final priorities.

Steps of nominal group technique:

- Generate the list of issues to be prioritized
- Write the issues on a flipchart or board, using letters to identify them
- Each member prioritizes the issues, assigning numbers to each letter according to their relative importance (number 1 is the least important)
- Combine the rankings of all team members by adding up the individual scores for each letter

- **Force field analysis: a**llows a team to identify the forces or factors that are in favor of or against the solution of an issue

Steps of force field analysis:

- Draw a large T on a flipchart

- Write down the desired situation at the top of the T
- On the left side of the T, list the forces or factors that drive you to the desired situation
- On the right side, list the forces or factors that restrain your movement toward the desired situation
- Prioritize the driving forces that should/can be strengthened and the restraining forces that should/can be removed
- Keep in mind that frequently it is more helpful to remove barriers

Ω **Fish bone diagram**: It allows a team to identify in graphic form all the possible causes related to an issue or condition to discover its root causes

Steps of fish bone diagram:

- Place the performance gap you wish to close in a box at the end of a horizontal arrow
- Draw major cause categories or steps in the production or service process and connect them with the backbone arrow using diagonal arrows
- Continue the same process for secondary, tertiary, etc. causes
- Define the beginning and the end of the process
- Determine the steps in the process, put them in sequence and link them with arrows
- Use appropriate symbols for each step: oval for actions that begin or end the process, rectangle for actions during the process, diamond to indicate decision steps

Ω **Flowchart:** It allows a team to identify the sequence of events in a process

Steps of flowchart:

- Define the beginning and the end of the process
- Determine the steps in the process, put them in sequence and link them with arrows
- Use appropriate symbols for each step: oval for actions that begin or end the process, rectangle for actions during the process, diamond to indicate decision steps

Ω **Run chart:** It allows a team to study observed data for trends or patterns over a specified period of time, using a simple linear graph. The time scale is drawn on the horizontal axis and the variable to be measured is drawn on the vertical axis.

- **Pareto:** helps to focus on efforts on the issues that offer greatest potential for improvement by showing their relative frequency in a descending bar graph (80/20 rule: 80 percent of the performance gaps are due to 20 percent of the causes)

More structured Methods:

- **Event and causal factor analysis:** is performed by examining the sequence and chronology of events and the related resulting conditions
- **Tree diagram:** graphical displays of an event, of each of its contributing factors and the causes that in turn lead into the contributing factors like a tree that branch successively until the final contributing factors are identified

2.4. Implementation of Interventions:

Prioritization of identified interventions should be conducted according to their importance and/or feasibility. Prioritization is about learning which tasks are more important and handling them in order. Prioritization helps to embark on important gaps, use the resources more wisely, manage time effectively and boost the morale for change.

Once prioritized, the implementations of interventions begin with development of action plans. The action plans are relatively simple tools that outline what gaps are, the causes that needed to be eliminated, specific interventions to be conducted, the person in charge, the deadline for the tasks and any special support need. Identification of responsible person/s and setting specific dates is extremely important because they all effective follow up of planned activities.

EQA teams in various areas of standards should develop action plans after every assessment and should try to put the plan into practice.

Figure: Sample Action Plan Format

Responsible	Support	Deadline	Responsible	Support

During the implementation phase, consider the following points:

- Improvement process begins always with small group of change agents or champions. The EQA teams always should include such champions from the start and support them to act as coaches and catalysts for educational improvement processes.
- Implementation is based on team actions. It is always recommended to promote and expand teams through champions. Teams should be organized by areas and sub areas. Each team should work through assessments, gap identification, cause analysis, implementation and monitoring of interventions.
- For improvement processes, teams should mobilize resources first locally and later from external resources

3. Measuring Progress and Documenting the Findings

Regular frequent measurements of progress are used as a mechanism to guide the process, inform managerial decisions and reinforce the momentum for change. Through continual measurement, HEIs leaders, EQA offices and teams can monitor the QA processes, assess the successes of interventions, identify persistent and new gaps and introduce necessary changes for into their plans. Measurements also give quantitative targets. Achieving sustained progress on quantitative targets has an important motivating factor for EQA teams and staff.

Good documentation is an integral part of quality assurance system and should be designed at all level IQA processes. All the assessment results using any tools standards, indicators and others and action plans should be documented. The documentations should ensure the availability of correct, complete and up-to-date information about educational processes.

Purpose of Measuring Progress

Continual measurement and documentation of findings is conducted as follow-up method to measure results of implementation. The standards may help the HEIs as a job aid to verify whether they are following the recommended steps and procedures during the provision of educational activities. Standards are firstly useful for educational institutions as their basis for internal evaluation and quality improvement.

Regular measurements commit HEIs, EQA offices and teams overtly to the development of a culture which recognizes the importance of relevance, quality and quality assurance in all their work.

Internal monitoring assessments

Every EQA office and EQA teams at departmental level conduct regular assessments using program level quality standards and key education performance indicators. The Internal monitoring assessments should be undertaken regularly and continuously **every six months** at the end of semesters.

Semester based assessments give adequate time and opportunities for departmental EQA office and teams to put into practice the action plans set after each assessment.

Using internal monitoring assessment, EQA teams should identify new gaps, persistent problems, and results of prior interventions, successes and challenges of the initiative. The teams should work detailed cause analyses for newer and persistent gaps and select appropriate interventions. The results of the monitoring assessments in comparison with baseline assessment's result should be shared to HEI leaders, faculty and administrative staffs to keep their motivation. The following are steps for conducting meaningful internal monitoring assessment

A. Conduct a **Promotion and agreement meeting** with the colleges or department's staff management on the importance, approaches, tools and the consequences QI and IMA
B. Conduct baseline analysis, initially and IMA, for subsequent assessments using standards and appropriate QA assessment tool
C. Identify performance gaps
D. Conduct cause analysis for the identified gaps, using appropriate method/s
E. Generate possible interventions and prioritize based on resources and constraints
F. Select the best alternative interventions and address its limitations/prioritize
G. Develop an action plan for interventions
H. Communicate the findings
I. Conduct the feedback meetings with the HEI staff and management
J. Implement the intervention and

K. Continue to monitor and measure the performance

External assessments:

They are conducted by individuals outside of the institutions for various reasons like program level quality audit by ETA, accreditation/reaccreditation by ETA, supervision by FMOE, verification for recognition by FMOE or others. These assessments can be conducted using program level quality standards, key education performance indicators.

Self-assessments: are implemented by individual faculty to assess their own performances using the relevant areas of program level quality standards. Specific areas of program standards like teaching, learning and assessments can help faculties assess themselves and use standards as job aids.

Peer assessments: are implemented by faculty staff to assess the performance of his/her colleagues and provide feedback for improvement using some areas of standards.

4. Recognizing Achievements

Motivation is essential factor for any performers. Maintaining and boosting the motivation of academic staff, administrative staff and EQA teams remain the major tasks of HEI leaders and coordinators to improve their performance and educational quality.

Motivation:

Motivation is an inner drive, morale to perform a task and reach a goal. It is an internal response to external events, and that is why it is called intrinsic factor. Motivation is something that lies with the performer. It cannot be created from outside. However, we created conditions that motivate motivation.

Motivation becomes greater when performers feel that they are empowered and have more control over the tasks and processes under which they work. It also enhances when people face specific challenges and they feel that they will be successful and their contributions will bring change. Besides, people get motivated when they have supportive and enabling work environment.

Use of program level quality standards and key performance indicators for internal quality assurance has motivating factors for EQA teams, faculty and administrative staff.

- Ω Standards and indicators are practical assessment tools for their jobs that outline what should be accomplished and how it is to be measured. These tools help faculty and others to manage their jobs
- Ω Consistent use of these tools increases empowerment of local level workers who became more familiar with external supervisors, are more able to present their priorities and advocate for resources
- Ω Standards and indicators show the faculty, administrative staff and EQA teams clear challenges
- Ω Working in teams, networking and benchmarking will create atmosphere of health competitions among staff, department and HEIs

Ways to Motivate:

1. Feedback: most effective and least costly methods of motivating performers. It can be given for good performance to reinforce achievement and for weak performance for improve the achievements. Feedback is given individual performer like instructor, team like a group of clinical instructors, for department or institution. Feedback can be given in written and verbal modalities.

Tips for Providing Effective Feedback

- Feedback should be timely
- Feedback should be specific and descriptive
- Feedback should be interactive
- Always prepare feedback sessions, immediately after education quality assessments

2. Social recognition: consists of provision of rewards of symbolic values it helps to immediately improve the morale of workers. It can be given for individuals, teams, departments or institutions. It may be commendations, certifications, trophies …

3. Material recognition: can be in kind or monetary. It can be given to individuals, teams, department or institutions

Annex documents

- Asrat Woldeyes Health Science Campus, Assessment Policy Handbook

- DBU Legislation
- Asrat Woldeyes Health Science Campus, Research and community guideline
- Academic staff handbook
- Student handbook
- DBU Quality assurance guideline

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