COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF ANESTHESIA

PROGRAM SELF-EVALUATION BY DEPARTMENT OF ANESTHESIA

Submitted To: College of Medicine and Health Sciences
DDU

2023

Dire Dawa, Ethiopia

Acknowledgment

We extend our sincere gratitude to Dire Dawa University (DDU) and the College of Medicine and Health Sciences (CMHS) for initiating and supporting the Program Self-Evaluation (PSE)-Department of Anesthesia. Special thanks to Jhpiego Ethiopia and the Ethiopian Anesthesia Association for their guidance to this PSE process. Finally, we express our gratitude to all individuals who have directly or indirectly contributed to this PSE. Your time, cooperation, and assistance have been invaluable in finalizing the PSE report.

Table of contents:

Background

Dire Dawa University (DDU), established in 1999, is a public higher education institution located in Dire Dawa, industrial and commercial city 515 km east of Addis Ababa, Ethiopia. The university is committed to excelling in applied sciences and envisions being among Africa's top ten Applied Science Universities by 2030. Hosting over 20,000 students, DDU offers 48 undergraduate and 46 postgraduate programs, supported by a workforce of 1,384 academic and 1,609 administrative staff. The university's swift progress underscores its dedication to academic excellence and societal impact, reflecting its mission to contribute meaningfully to national and regional development. College of Medicine and Health Sciences (CMHS) was established in 2004 E.C. at DDU. It began offering programs in Anesthesia and Midwifery in 2006 E.C. and later expanded to include Nursing, Medical Laboratory Sciences, Psychiatry Nursing, and postgraduate studies in Public Health and Nutrition. The CMHS now encompasses one school and six departments: Medicine, Anesthesia, Medical Laboratory Science, Midwifery, Nursing, Psychiatry Nursing, and Public Health.

The Department of Anesthesia, part of the College of Medical and Health Sciences (CMHS), is committed to producing skilled professionals who have been contributing to healthcare services. To uphold academic standards and relevance, the department established a self-evaluation committee tasked with ensuring the quality of educational delivery and compliance with the standards set by the Higher Education Quality Authority. The self-evaluation conducted in 2023 by a six-member committee, assessed the Department of Anesthesia per 9 standards. This evaluation used a quantitative checklist with a rating scale to ensure objectivity and consistency in measuring the program's performance. Key qualitative narration was included as summary to each standard.

1. MISSION, PROGRAM GOALS AND RELEVANCE

Rate the following standards by assigning an assessment value of 1 to 5 1 = POOR 2= INSUFFICIENT 3 = SATISFACTORY 4 = GOOD 5 = EXCELLENT		
Ref. No.	**Standards for Quality Rating**	**Assessment Value of the**
1.1 Program relevance		
1.1.1.	The program identifies and addresses national health priorities, the needs of the society, the present and emerging role of the Anesthesia, consistent with international standards, professional and legal requirements for practice.	5
1.1.2.	The Anesthesia program has policies and procedures to introduce new programs and amending or phasing out standing/existing programs	5
1.1.3.	The Anesthesia program has a system for evaluation of the existing program (periodic internal & external review) and development to ensure acceptance and quality	3
1.2 Mission statement		
1.2.1.	The Anesthesia program has published vision and mission statements that are in line with HEI's mission and reflect its commitment to continuous quality enhancement.	3
1.2.2.	The Anesthesia program ensures that the mission encompasses the needs of the community, the health care system, and aspects of social accountability	5
1.2.3	The Anesthesia program ensures that its principal stakeholders have reasonably participated in formulating the program mission	5
1.3 Program goal/aim		
1.3.1	The Anesthesia program has clear program goals and makes them known to its constituency	5
1.3.2	The Anesthesia program ensures that the goal of the program is in line with, and supportive of, the vision and mission of the program	5
Total=36/40=90%		
Aggregated Value = $\underline{\text{Total Assessment Value}}$ =4.5 8		

MISSION PROGRAMME GOALS AND RESULTS
Summary of Strengths and Areas for Improvement

Strengths identified:

➢ The program was established officially by the relevant authority within the institution-DDU.

➢ The program mission is consistent with the educational mission of the institution-DDU.

➢ The aims, objectives and learning outcomes of the Program are cascaded from the higher education programs and from the university so it is in line with, and supportive of, the vision and mission of the DDU, MoE).

➢ The Program aims, objectives and learning outcomes are reviewed periodically at national level specifically the current curriculum reviewed in 2022 G.C and at department level or the department but are not regularly reviewed in consultation on with a wide range of stakeholders that participates professional associations, employers' international peers.

➢ Regarding the relevance of program aims to the needs of the nation and to the stakeholders, the program aims addresses very important issues of producing competent educational professionals in Anesthesia education.

➢ The committee therefore believed that the aim of the program is relevant and timely to the need of the country and the Program fulfills the market needs and contributes to the social and national development of the country. The program also relates to other programs offered by the college.

Areas for improvement identified:

✚ Improves career development skills.

✚ Initiate periodically review of program in consultation with stakeholders.

✚ Supports and gives training for students with different training skills such as Entrepreneurial skills.

✚ Mission should be clear to all beneficiaries of the program and through the development of a viable strategy and serve the community.

✚ Must have communication between the authors of the program and its beneficiary's mission.

Recommendations:

- Need more partnership and supports from stakeholders for more accomplishments of the above-mentioned.

2. CURRICULUM

Ref. No.	Standard for Quality Rating	Assessment Value
2.1. Competencies and learning outcome		
2.1.1	The curriculum has clearly defined educational outcomes that are in line with, and supportive of, the program mission and goals	5
2.1.2	The curriculum has educational outcomes that clearly articulate the required knowledge, skills, values, behaviors, and preparedness to become a professional healthcare provider that is socially accountable	5
2.1.3	The Anesthesia program communicates the educational outcomes to students	5
2.1.4	The curriculum clearly indicate learning outcomes that indicates students engagement in research and community services	5
2.1.5	Educational outcomes are consistent with acceptable national and international qualification standard	5
2.2 Curriculum structure, organization and duration		
2.2.1	Define the curriculum model that enables students to achieve graduate competencies	5
2.2.2	Organize the curriculum around sets of competencies (competency-based) and oriented to professional practice, based on the future occupational practice of graduates	5
2.2.3	Describe the content, extent, sequencing duration of courses, and other curricular elements to ensure appropriate coordination between basic biomedical, behavioral, social, public health and clinical subjects	5
2.2.4	Clearly define the balance between theory and practice by ensuring a horizontal and vertical integration of the professional sciences with the biomedical, behavioral and social sciences	5

2.2.5	Ensure that the total duration of the training, credit hours per semester, and durations of practical attachments are clearly defined and consistent with the national standards	4
2. 3. Curriculum content		
2.3.1.	The curriculum contains basic biomedical sciences required to understand and apply clinical sciences	5
2.3.2.	The curriculum contents Behavioral and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics	5
2.3.3.	The curriculum contents Social and population health which includes population health and local healthcare delivery systems.	5
2.3.4.	The curriculum contents Principles of scientific methods, including critical thinking, research, and evidence-based practice.	4
2.3.5.	The curriculum contents Clinical sciences and professional skills fundamental to provide safe client/patient care after graduation.	5
2.4 Teaching methods and learning Experience		
2.4.1	Use contemporary learning approaches that stimulate, prepare, and support students to take responsibility for their learning including active learning methods and student-centered approaches across the learning continuum	4
2.4.2	Instructors effectively plan and prepare for teaching through regular use of session plans	3
2.4.3	Each course/module instructor provides a standardized syllabus for the course on the first-day class	4
2.4.4	Use educational resources that have contents consistent with the learning outcome including up-to-date and regularly revised national service delivery guidelines and innovative teaching and learning materials	4
2.4.5	Prepare and implement a schedule for clinical practice	5

2.4.6	Design, utilize and support one or more of the virtual learning methods, including digital, blended, or e-learning.	2
2.4.7	Use educational activities congruent with explicit learning outcomes that, in turn, are aligned with program goal and course aims	5
2.4.8	Design and implement teaching and learning experiences that are appropriate to the local context and pay attention to the specific learning needs of girls and boys (gender-responsive pedagogy (GRP)).	3
2.5. Curriculum Evaluation		
2.5.1	The Anesthesia program has a functional curriculum committee under the governance of the academic leadership with the capacity to design, support implementation, and evaluate the curriculum to achieve its intended educational outcomes	5
2.5.2.	In its curriculum committee ensure representation of students, staff from all units/course teams of the Anesthesia program /department, and other stakeholders	4
2.5.3	Have a mechanism to regularly monitor and evaluate the teaching-learning process by instructors, preceptors, and students and use the results/ feedback to improve learning	5
2.5.4	Periodically review and update the curriculum at appropriate intervals and based on emerging evidence and the needs of the society, students' performance assessment results, and feedback from students, instructors, preceptors, and other stakeholders	3
Total Assessment Value=90%		
Aggregated Value= Total assessment value=4.5 27		

Curriculum

Summary of Strengths and Areas of Improvement

Strengths Identified:

- Anesthesia department of DDU employs the Competency-based curriculum approved by the MoE and EAA.

- The existence of curriculum which set knowledgeable and skilled individuals who are safe and competent practitioners in their specific field of study.
- Presences of curriculum teach professional attitudes, ethical conducts and social responsibilities.
- The availabilities of system enable graduates equipped with leadership, teamwork and communication skills.
- Presences of a system enable graduates to conduct research under supervision.
- The existence of curriculum which defines its aims, objectives and learning outcomes, and consistencies of Program with the vision and mission of the university.
- The committee therefore believed that the aim of the program is relevant and timely to the need of the country and the Program fulfills the market needs and contributes to the social and national development of the country.

Areas of improvement identified:
- Improve Clinical practice in consultation with stakeholders.

Recommendations:
There are no well-established strong stakeholders to continuing the quality improvements. Therefore, the department need to plan to apply it.

3. ASSESSMENTS

Ref. No.	Standards for rating	Assessment Value
3.1. ASSESSMENT POLICY AND SYSTEMS		
3.1.1	Have assessment policy/ guideline that clearly describes its assessment practices and principles including methods, frequency, scoring, marking and post-exam analysis procedures	4

3.1.2	Have a transparent mechanism to share information to students and other stakeholders, concerning the content, style, and quality of assessments	5
3.1.3	Have system for disciplinary and appeal process for assessment results	4
3.1.4	Maintain confidentiality and security of student assessment processes, assessment results and well documented academic records	5
3.1.5	Maintain appropriate balance between formative and summative assessment	5
3.1.6	Prepare and utilize a blueprint for each course/ module to ensure coverage of essential areas of knowledge, skills, and attitudes.	4
3.2. ASSESSMENT IN SUPPORT OF LEARNING		
3.2.1	Administer multiple types of continuous formative assessments across the learning continuum to determine the attainment of educational outcomes including performance assessments such as objective structured practical examination, portfolio and 360-degree evaluation.	5
3.2.2	Put in place a system of assessment that regularly offers students timely, specific, and actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.	4
3.2.3	Relate formative assessments to educational interventions to ensure that all students have the opportunity to achieve their potential	4
3.2.4	Provide special support to students with poor performance based on assessment results.	4
3.2.5	Utilize digital technology to enhance assessment in support of learning	4
3.3. ASSESSMENT IN SUPPORT OF DECISION-MAKING		
3.3.1	Have a system of assessment that measures course outcome and informs decisions on progression and graduation	5
3.3.2	Administer at least three types of continuous knowledge summative assessment methods to determine the attainment of educational outcomes: oral exam, written exams (multiple-choice questions, essay, short answer), assignments, project works, case presentations, and seminars.	4
3.3.3	Administer at least three types of continuous performance summative assessment methods to determine the attainment of educational outcomes: structured short cases, objectively structured long case exams, objectively structured clinical/practical exam, and vivas.	5

3.3.4	Establish a functional system to conduct item analysis and standard-setting and use the results for decision-making	3
3.3.5	Administer a comprehensive qualifying exam before students are deployed for internship/ clerkship to prepare them for the national licensure examination	5
3.4. ASSESSMENT QUALITY ASSURANCE		
3.4.1	Have a functional system to assure the quality of assessment, including establishment of exam committee and exam bank	4
3.4.2	Utilize the assessment data to evaluate and improve the performance of academic staff, courses, and the institution	3
3.4.3	Provide feedback to the committees responsible for student selection, curriculum planning, and student counseling and support.	4
3.4.4	Establish a functional system to conduct item analysis and standard-setting and use the results for decision-making	3
Total Assessment Value=80/100=80%		
Aggregated Value= Total assessment value=4.1		

$$\text{Aggregated Value} = \frac{\text{Total assessment value}}{20} = 4.1$$

Assessments
Summary of Strengths and Areas for Improvement
Strengths identified:

- In this department, knowledge and understanding (the cognitive domain) are tested through written, oral or other suitable means and practical skills are tested by practical evaluation such as skill demonstrations, case presentation, clinical round/bed side teaching, direct observed procedures, case-based discussions and morning session.
- As PBL is a student center type of learning and applied for all batches
- There are consistently applied mechanisms (active exam committee) to ensure the credibility, reliability and fairness of the assessment system for the students.

Areas for improvement identified:

At the end of each course, the student regularly evaluates their instructors, but still we are not using it for feedback for improvement other than semester evaluation. Therefore, the committee recommends the department to use it for feedback for improvement of the instructors.

Recommendations:

There are no consistently applied mechanisms to use external expertise, consultant, and external monitoring. Therefore, the department need to plan to apply it.

4. STUDENTS

Ref. No.	Standards for rating	Assessment Value
4.1. Student selection and admission policy		
4.1.1	The Anesthesia program has updated and publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.	5
4.1.2	Have student selection and admission policy tailored to local and national workforce requirements	5
4.1.3	Admit students who meet minimum general and program specific entry requirements	5
4.1.4	Have an entity responsible for student selection and admission that ensures the accuracy, transparency and fairness	5
4.1.5	Define the size of student intake and relate it to its available resources, capacity, and infrastructure to educate them adequately	5
4.1.6	Periodically review the size and nature of student intake in consultation with other relevant stakeholders and regulate it to meet the health needs of the community and society.	4
4.1.7	Promote diversity in admission, including gender mainstreaming and consideration of disadvantaged groups and persons with disabilities, where applicable	4
4.1.8	Has functional appeal mechanism for selection and admission decisions	5
4.1.9	Ensure representation of students and Anesthesia program on the screening and selection committee and appeal system	5
4.1.10	Have a policy for the transfer, upgrade and exchange of students from other programs and institutions nationally and internationally	5
4.1.11	Have policy and procedures for involving and consulting students in key aspects of the Anesthesia program 's management, educational activities and processes, and support system.	4
4.1.12	Provides informed career choice guidance and advice to new students	5
4.2. Student counseling and support system		
4.2.1	Have a functional system for counseling and support of its student population	4

4.2.2	Provide support to extracurricular activities like student associations for sport, gender, HIV and others	5
4.2.3	Provides orientation of new students about the program, academic rules and regulations, and the student support systems.	5
4.2.4	Avail a student handbook that clearly indicates student support systems and how to access them, the rights, responsibilities, and obligations of students in the Anesthesia program , Anesthesia program profile: a brief history, organizational structure, etc.	5
4.2.5	Student support services communicated and accessible by students	2
4.2.6	Provides procedurally and culturally appropriate, accessible and confidential academic, social, psychological, and financial support services, as well as career guidance	3
4.2.7	Have a mechanism for students to appeal on matters related to student support services	4
4.2.8	Allocate appropriate human and financial resources for student support	4
4.3. Student progression and graduate outcome		
4.3.1	Have a mechanism to monitor student performance and progress regularly	5
4.3.2	Trace level of and reasons for student attrition and take actions to minimize it	4
4.3.3	Check final qualifications achieved by the graduates are in line with the formulated and expected learning outcomes	5
4.3.4	Have a system to link the program and potential employers and facilitate graduate employment	2
4.3.5	Have a mechanism to trace employability, task analysis, and satisfaction of its graduates/employers and use the findings to influence the curriculum	3
4.3.6	Implement strategies and programs to broaden the professional horizons of students and enhance their performance in areas such as scientific inquiry, scholarly concern for the profession, and the relevance and value of research	4
Total Assessment Value=112/130=86		
Aggregated Value= Total assessment value=4.2		

26	

<u>Students</u>

<u>Summary of Strengths and Areas for Improvement</u>

Strengths identified:

- The existence of an admission policy and a mechanism that is free from discrimination and bias for students.
- Availability of technical standards for the admission of students with special needs is available, like scholarship (now we are teaching 10 students from Somaliland).
- Existence of reliable maintenance of student records at department level.
- Availability of academic counseling services (consultation on specific courses, and mentoring on project works) to students by adequate and qualified staff.
- Students are provided the opportunity to develop linkages with external stakeholders, for example during anesthesia practices of each module

Areas for improvement identified:

- Improve a mechanism that support student activities and student organizations at the department level.

Recommendations: Overall its good

5. ACADEMIC STAFF AND PRECEPTORS

Ref. No.	Standards for Rating	Assessment Value
5.1. Academic Staff Establishment and Retention		
5.1.1	Clearly stated and inclusive policy in place on the recruitment, composition and retention of academic staff to achieve its mission and carry out its legal mandate?	4
5.1.2	Balanced staff for teaching major and supportive courses, full-time and part-time staff, and academic and non-academic staff as per acceptable national guideline (e.g. ESC guideline)	4
5.1.3	Regularly determine and communicate the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students	5
5.1.4	Promote diversity in recruitment, including gender balance and consideration of disadvantaged groups	4
5.1.5	Implement a 1:20 ratio of academic staff to students for classroom teaching	5
5.1.6	Implement a 1:5 ratio of academic/clinical staff to students for clinical teaching (Eg. Bedside teaching, Teaching Rounds etc.)	3
5.1.7	Implement a 1:6 academic ratio of staff to SDL stations, where there are a maximum of 6 students per station	4
5.1.8	Implement a 1:15 ratio of academic staff to students for community-based education	4
5.1.9	Implement a composition of faculty based on academic qualifications (MSc and PhD "**with back ground in Anesthesia"**) as per acceptable national guideline (e.g. HESC guideline)	4

5.1.10	Implement a ratio of full-time and part-time teaching faculty of 3:2 (60% and 40%, respectively)	5
5.1.11	Have an academic staff with at least 2 years of clinical experience in the respective profession	5
5.1.12	Have skill development lab assistants holding first degree in Anesthesia with at least 2 years of clinical experience in the respective profession	5
5.2. Academic Staff Development Policy/Continuing Professional Development		
5.2.1	Has a mechanisms for the promotion of staff to offices and academic ranks	5
5.2.2	Has a clear description of how the Anesthesia program supports and manages the academic and professional development of each member of staff and publicize it	4
5.2.3	Each instructor has a technical update in the field of instruction according to regulatory standards.	5
5.2.4	Has mechanisms to identify the training needs of the staff	4
5.2.5	Has a mechanism to provide protected funds and time to support its academic staff in their continuing professional development	5
5.3. Academic staff performance and conduct		
5.3.1	Has a system for orienting and mentoring of new academic staff	4
5.3.2	Has publicized code of academic conduct	5
5.3.3	Assigned responsible body for academic staff performance and conduct	**4**
5.3.4	Has a clear statement/ guideline describing the responsibilities of academic staff for teaching, research, and service (clinical and community) with a reasonable balance and equal distribution	5

5.3.5	Develop and implement an evidence-based staff performance appraisal system that involves students, peers, and department heads	3
5.3.6	Utilize appraisal data to provide timely and constructive feedback, improve the performance of staff, and inform decisions	3
5.3.7	Facilitate a course on teaching methodology for academic staff	4
5.4. Preceptor's selection, development, and retention		
5.4.1	Develop and implement a written guideline/ criterion for the selection of preceptors who are licensed and proficient Anesthesia working at practice sites and providing service according to regulatory standards	4
5.4.2	Develop and publicize a clear guideline describing the role and responsibilities of preceptors for planning, preparing and conducting teaching, and assessing performance	3
5.4.3	Establish mechanisms and procedures for continuous professional development and career advancement of the preceptors with acceptable continuing education units (CEUs) according to regulatory standards	5
5.4.4	Establish a system to ensure that each preceptor received clinical teaching skills training in the past 2 years with accredited course according to regulatory standards	4
5.5. Administrative Staff		
5.5.1.	The Anesthesia program has adequate and skilled administrative staff for all Anesthesia program related activities and operations (according to the regulatory standards)	4
5.5.2.	The Anesthesia program has an administrative structure that support the functioning of the Anesthesia program	4

5.5.3.	The Anesthesia program has adequate administrative staff that supports the decision-making process and the functioning of the program	3
5.5.4.	The Anesthesia program has a reporting system for administration in relation to teaching, learning, and research	3
Total Assessment Value=80%		
Aggregated Value= Total assessment value=4 32		

Academic staff, preceptors and administrative staff

Summary of Strengths and Areas for Improvement

Strengths identified:

- ✓ Instructors with master's degree in related field in the department deliver major course.
- ✓ All staffs in the department are a full time.
- ✓ There is a clear and applicable mechanism for ensuring equitable distribution of duties and responsibilities among the academic staff, and for determining the distribution of equal loads.
- ✓ Every staff reports the responsibility given them regularly to evaluate the success rate of the given activity.

Areas for improvement identified:

- ➕ There is no adequate number of qualified human resources that support the academic activities (e.g., ICT staff, technical assistants, messenger, etc), better to recruit them.
  Recommendation

- The committee recommends the college to recruit MSc staff or Bachelor's degree with at least 2 years working experience in related field for supportive courses.

6. EDUCATIONAL RESOURCES

Ref/ N	Standard for Quality Rating	Assessment Value
6.1. Classrooms/Lecture halls		
6.1.1.	The classrooms have adequate space for lectures, group discussions, morning sessions and seminars	4
6.1.2.	The classrooms are equipped with the basic teaching learning materials (black board /white board, chalk/marker, duster/board cleaner), adequate & comfortable chairs and tables)	3
6.1.3.	The classrooms are clean, well ventilated and illuminated	2
6.1.4	There are clean and functional toilets for males and females within reasonable distance from the classrooms	2
6.2. Office for staff		
6.2.1	The dean's or head's office is furnished with comfortable chair, table, shelf, printer, scanner, telephone and computers with internet access	5
6.2.2	There are offices for teaching and administrative staff with adequate space	3
6.2.3	The staffs' office are equipped with computers with internet access, chairs and tables with drawers and file cabinet	4
6.2.4	There are clean, functional and accessible toilets, separate for males and females at reasonable distance from the offices	4

6.3. Skill Development Centers/Laboratory		
6.3.1.	The students have access to skill labs that are safe and having adequate spaces for skill demonstration, practice and discussion/debriefing for the intended skill development	5
6.3.2.	The skill labs have functional anatomic models, simulators and mannequins with adequate supplies to learn essential competencies	4
6.3.3.	There is dedicated office for skill lab assistants and mini-store for equipment	4
6.3.4.	There are safety manuals, posted safety precautions, a fire extinguisher, emergency shower and infection prevention equipment	3
6.3.5.	There is functional water and power supply	2
6.3.6.	There are adequate number of movable chairs, tables for each station, a labeled shelf with locks in the storages	4
6.3.7.	The skill lab has adequate illumination and ventilation	5
6.3.8.	There are adequate and up-to-date learning materials (checklists for all skills, standard operating procedures (SOPs), wall charts, posters, flow charts, and electronic learning resources, audiovisual aids including video sets)	5
6. 3.9	There is regular cleaning schedule and follow-up for the facility	4
6.3.10	The skill lab is properly organized, and managed by a dedicated skills lab coordinator.	4

6.3.11.	The skill lab is accessible/open for students' independent practice	5
6.4. Practical/Clinical Training Sites		
6.4.1	The students have access to adequate clinical and community training sites to get adequate clinical and community experience	4
6.4.2	There are educational resources including national service delivery guidelines, personal protective equipment, learning tools (checklists, log book, SOPs), and other essential equipment's	4
6.4.3.	There is/are dedicated coordinator/s for community/clinical trainings	4
6.4.4.	The practical sites are accessible, with adequate client/patient flow and mix per the core competencies	4
6.4.5.	Clinical teachers and supervisors are engaged in the required range of clinical and community settings	4
6.5. Library and IT resources		
6.5.1	Students and staff have an access to library with separate reading rooms, having signs posted for appropriate behaviors (silence, no food and drinks, no smoking)	5
6.5.2.	Libraries and IT rooms are clean, have adequate seat capacity, illuminated, well ventilated and free from sound pollution	4
6.5.3	There are clean, functional toilets with a water supply separate for males, and females at a reasonable distance from the library/ IT rooms.	5

6.5.4	The library has schedule showing library working hours posted at the entry point	5
6.5.5.	The library has an adequate supply of recent books and reference materials relevant to the courses taught	5
6.5.6.	The students have an access to up-to-date and peer-reviewed journals (local and international)	4
6.5.7	There are adequate computers with internet connectivity (digital library section)	5
6.5.8	The students have an access to IT facility for independent learning (outside of working hours)	5
6.6. **Students Amenities**		
6.6.1.	There is an office responsible for student support to address academic, social, financial, health and personal needs	4
6.6.2.	There are safe and adequate student facilities including lounges, catering, student housing (if possible), and sports and recreational facilities	4
6.6.3	There are established line of communication with emergency support services in the event of personal trauma or crisis	4
6.6.4	There are recreational and other facilities which are accessible for students with disabilities	4
Total Assessment Value=146/190=76%		

Aggregated Value= Total assessment value=3.8	
38	

Educational Resources

Summary of Strengths and Areas for Improvement

➢ **Strengths identified:**

➢ The existence of a skill labs, first-aid clinic and counseling room for students to meet their specific needs, which is established at the university level.

➢ Currently, the existence of internet access for staff and students at university level.

Areas for improvement identified:

To establish audiovisuals, and functional water source near skill laboratory and well-furnished room.

Increase number of offices for staff, and furnished and ventilated the presenting offices.

To establish functional toilets facility, separate for students and staff

7. QUALITY ASSURANCE

Ref. No.	Standard for quality rating	Value
7.1. Quality Assurance System		
7.1.1	Have a functional quality assurance system/unit	5
7.1.2	Have assigned qualified person or team to ensure the quality assurance system	5
7.1.3	Have a budget for quality assurance system at institution level	4

7.1.4	Have recommended/conducted needs-based staff capacity development	5
7.1.5	Have developed guidelines and/or standards related to quality of teaching/learning, assessment, research and community/clinical service	4
7.1.6	Set key performance targets to evaluate program/graduate success	4

7.2. Implementation of Quality Assurance activities

7.2.1	Conducted quality audit using internal quality assessment tool	5
7.2.2	Conducted peer review on quality of teaching learning, assessment, research and community/clinical service	5
7.2.3	Sought external quality audit and verification from peers and quality assurance agencies and use the generated data for quality improvement	3
7.2.4	Conducted regular/scheduled supportive supervision for teaching, learning, research, community/clinical practice	4
7.2.5	Evaluated program/graduate success using key performance targets (feedback from customers; tracer study, employment rates, pass rates on national licensure exams)	3

7.3. Monitoring Quality Assurance

7.3.1	Conducted periodic quality review meetings	4
7.3.2	Conducted regular curriculum evaluation and reviews	3
7.3.3	Adapted to changing circumstances and needs over time including allocation of additional resources to support quality assurance activities	4
7.3.4	Sought, analyzed, and responded to teachers', students' and other stakeholders' feedback	4

7.4. Documentation and Dissemination		
7.4.1	Documented achievements, best practices and pertinent changes made regularly	4
7.4.2	Disseminated achievements to the stakeholders and wider community using various media outlets (social media, flyers, institutional websites, etc...)	3
Total Assessment Value=69/85=80%		
Aggregated Value= Total assessment value=4 17		

Quality Assurance

Summary of Strengths and Areas for Improvement

Strength

Anesthesia department strongly reviews the hospital practice continuously with clinical coordinator, and department head.

The department assigns senior academic staffs to assist the student throughout the clinical practice.

At the end of 4th year students will be evaluated by external examiners who are qualified anesthetists.

Areas for Improvements

Need to use standard external-independent verification in assessment processes, such as the appointment of external examiners and use of external reviewer for quality assessment processes.

Should plan/establish way of organization of conferences, and workshops such as joint lectures/ talk with the professional bodies and industry. Establish the culture of presentations by invited speakers, local or international	

8.   GOVERNANCE AND ADMINISTRATION

Ref. No.	Standards for Quality Rating	Assessment values
8.1	**Governance of the program**	
8.1.1	The Anesthesia program has defined governance structure and functions in relation to teaching, learning, and research, which is transparent and accessible to all stakeholders, aligns with the Anesthesia program 's mission and functions	5
8.1.2	The Anesthesia program has governance structures that set out the committee structure and reflect representation from Academic staff, Students and Principal stakeholders	5
8.1.3	The Anesthesia program ensures transparency of the work of governance and its decisions (through disclosure of minutes, newsletters, web information, and up-to date technologies etc…)	5
8.2	**Academic Leadership**	
8.2.1	The Anesthesia program describes the responsibilities of its academic leadership for the definition and management of the educational program	5

8.2.2	The Anesthesia program has a designated leader (Anesthetist who has a master's/specialty or above and at least 2 years of experience in the academic area)	5
8.2.3 .	The Anesthesia program ensures staff and student participation in the Anesthesia program 's planning and implementation of quality evaluation activities.	5
8.2.4 .	The Anesthesia program has institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding the design of the curriculum and the use of the allocated resources necessary for implementing the curriculum	3
8.2.5 .	The Anesthesia program ensures academic freedom for its staff and students in addressing the curriculum and exploring the use of new research results to illustrate specific subjects without expanding the curriculum	5
8.2.6	The Anesthesia program ensures creation of institutional memory through the use of proper archives, institutional emails, for smooth transition of academic leaders	4
8.3	**Program Administration and management**	
8.3.1	The Anesthesia program has administrative structure and adequate staff that are appropriate to support the implementation of its educational program and related activities	4
8.3.2	The Anesthesia program has a clear administrative process and values that support functioning of the Anesthesia program (delegation process; management of conflict of interest and misconducts; mechanisms to handle complaints and appeals, institutional integrity and fairness)	4

8.3.3	The Anesthesia program has regular reporting (communication) procedures in relation to teaching-learning, community service and research outputs	4
8.4	**Educational budget and resource allocation**	
8.4.1	The Anesthesia program has a clear line of responsibility and decentralized authority for resourcing the program, including a dedicated educational budget	3
8.4.2	The Anesthesia program allocates the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.	4
8.4.3	The Anesthesia program ensures a balanced and transparent budget allocation to the core function of teaching-learning, research, and community engagement.	3
8.5.	**Monitoring, Evaluation and Risk management**	
8.5.1	The Anesthesia program has a system that periodically monitors and evaluates the performance of the administrative staff, academic staff, students representation, resource utilization and partnership agreement	3
8.5.2	The Anesthesia program periodically evaluates its academic leadership in relation to the achievement of its program goals and intended educational outcomes	3
8.5.3	The Anesthesia program has a risk management procedure to address the risk gaps and challenges identified.	3
8.6	**Gender mainstreaming and inclusiveness**	

8.6.1.	The Anesthesia program has clear guidelines and strategies that promote diversity in recruitment, promotion, leadership positions of the staff and students (gender mainstreaming and consideration of disadvantaged groups and persons with disabilities), where applicable.	4
8.6.2	The Anesthesia program has established a mechanism to monitor the implementation of gender equitable academic practices, including gender responsive pedagogy (GRP)	3
8.6.3	The Anesthesia program has clear policies, guidelines and strategies to prevent and manage sexual harassment	4
Total Assessment Value=85/105=80%		
Aggregated Value= <u>Total Assessment Value</u>=4 21		

Governance and Administration

<u>Summary of Strengths and Areas for Improvement</u>

Strengths identified:

The existence of policies and practices in the program which support Higher Education Program

The existence of head conducted a regular meeting accordingly to program issue and clinical coordinator follow up and monitoring

The existence of fair and transparent procedure and criteria for the selection and appointment of academic leadership in the Program.

Availability of a well-defined job description of the academic program leader.

Presences of conducive working environment to encouraged innovation and creativities at department.

Availabilities of system equitable distribution of duties, and responsibilities for staff

Areas for improvement identified:

Increase adequate administrative staff in terms of numbers and qualification

Established a system for regular monitoring and appraising the performance of administrative and management staff.

Recommendations:
Recruiting staffs by DDU

9. RESEARCH, COMMUNITY SERVICE, AND COLLABORATION

Ref. No.	Standards for Rating	Assessment Value
9.1. Research		

9.1.1	Have set research thematic areas for academic staff as well as students in line with the country's priority health care and developmental needs including health profession education-related research.	5
9.1.2	Support each academic staff member to undertake research and publicize the result via different means	5
9.1.3	Utilize research findings to improve learning, community services, program, and professional development	3
9.1.4	Allocate faculty time for consultation and budget for students' research/ directed studies	4
9.1.5	Have a mechanism to assure research ethical issues	5
9.1.6	Have recognition mechanisms for outstanding researchers	2
9.2. Community service		
9.2.1	Have community service thematic areas in line with the country's/local area priority health care and developmental needs	5
9.2.2	Have instructors engaged in community services related to their specialty	4
9.2.3	Support students to engage in community services related to their specialty	5
9.2.4	Have a mechanism for establishing partnership with stakeholders in the community	4
9.3. Collaboration		

9.3.1.	Have constructive interaction with the stakeholders including the health and health-related sectors of society and government	4
9.3.2.	Have a system for national and international collaboration with other educational institutions, industries, and research centers	3
9.3.3.	Have a system of exchange for staff and students regionally and internationally	4
9.3.4	Ensure that students are aware of the nature of the collaboration between the institutions concerned	4
9.3.5	Have a mechanism to evaluate the effectiveness of collaborations and partnerships	3
9.3.6	Formalize its collaboration entering into official agreements, and/ or establishing joint coordination committees or joint projects, ensuring the engagement of staff and students	3
Total Assessment Value=64/80=80%		
Aggregated Value= Total assessment value=4 **16**		

Summary of Strengths and Areas for Improvement **Research, Community service and collaboration**

> **Strengths identified**

As of the proposal call, some of academic staffs of the department are actively engaged in appropriate research and consultancy.

Areas for improvement identified:

➢ Anesthesia staffs should actively involve in community service activities and benefiting from consultancy.

➢ Anesthesia staffs should publish more their research reports produced on peer reviewed journals.

➢ The university should decentralize the finance system to minimize the finance bureaucracy.

Total achievement=760/9=84.4%

Conclusion of the program assessment:

➢ The committee therefore believed that the aim of the program is relevant and timely to the need of the country and the Program fulfills the market needs as well as the standards (**84.4%**), and contributes to the social and national development of the country.

Recommendations:

🞣 Need supports from stakeholders for more accomplishments of the above-mentioned improvement areas.

🞣 More collaboration and/ or establishing joint projects that ensuring the engagement of staff and students.

Improves career development skills in graduates.

Annex I: PSEC committee list

The members of the PSEC of department of Anesthesia in 2023 G.C are:

No.	Name	Responsibility	Address
1.	Amalmasin Faris	Head, chairperson	+251 9217509182
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