

Unit name* and Abbreviation:Program Evaluation Board (PDE)

Position within the Institutional Strategic Plan::

1. Target Indicators (see *Annex X) ; *to be added by the Medical Education Secretariat.

Authority and Duties:

1. Development of the Program Evaluation system
2. Implementation of Program Evaluation activities

Position within the Educational Organizational Chart and Other Primarily Related Units:

1. Upward Vertical Relationship
 - a. PDC and the Dean's Office
2. Lateral Relationship
 - a. CC (Coordinators Committee), CCu (Curriculum Committee), AEC (Assessment and Evaluation Committee), Academic Departments, other components and stakeholders of the educational program, Faculty Members, Educational Coordinators, Students
3. Downward Vertical Relationship

- Medical Education Secretariat, Student Affairs Office, Dean's Office Editorial Affairs

Unit Structure and Role Descriptions:

1. Chair of the PDE
2. Vice Chair of the PDE
3. Members of the PDE
4. Feedback Supervisor
 - a. Preparation of the feedback monitoring schedule; monitoring of feedback forms; enveloping of optical reader feedback forms; stock control of optical reader forms; communication with group representatives during clerkships; distribution and collection of feedback envelopes; record keeping related to processes; data cleaning; anonymization of reports; delivery of reports to relevant boards and academic departments; filing of feedback documents; updating of the filing system.

Appointment of Appointees and Terms of Office:

1. The Chair, Vice Chair, and members are appointed by the Dean for a term of one academic year. The Board may include at least one faculty member representing the Department of Medical Education (DoME).

Unit Meeting / Interaction Formats and Procedures:

1. Regular meetings

The PDE reviews, analyzes, reports, and ensures the submission of data obtained during the relevant period at least three times per academic year, namely at the beginning, mid-point, and end of the academic year.

At the end-of-year meeting, data related to the previous academic year are evaluated collectively.

2. Exchange of opinions by email when necessary.

Decision-Making Procedures*

Decisions are taken by a simple majority vote.

*...in accordance with the relevant regulation/directive (voting, agenda, quorum, participation, minutes); detailed operational procedures shall be added by the Medical Education Secretariat in accordance with the relevant article of the Directive.

Unit Task Items and Frequencies:

The minimum cycle frequency for the task items listed below is one academic year.

1. Evaluation of feedback surveys
2. Evaluation of end-of-committee reports
3. Evaluation of end-of-clerkship reports
4. Evaluation of assessment and evaluation results (at the end of each academic year)

5. Analysis of data
6. Reporting of data
7. Preservation of data
8. Sharing of reports with relevant boards, individuals, and academic departments
9. Collection of information regarding improvements and changes implemented by the relevant boards and academic departments with which feedback has been shared
10. Evaluation of implemented changes
11. Review and improvement of data collection systems and tools
12. Identification and submission of requests for equipment and material needs of the feedback system

Tools (standards, forms, guidelines and handbooks, internal regulations and external sources, master decision lists, other documents, etc.):

1. Operational standards
 - a. PDE operational procedures
 - b. Feedback operational procedures
2. Standards for feedback supervisors and data entry personnel
 - a. Faculty members of DoME and Medical Education Secretariat staff who have signed a Confidentiality Agreement
3. Feedback forms approved by the PDE
4. Confidentiality standards (see Feedback operational procedures)
5. Data entry and processing standards
Data are processed and stored on a computer allocated for this purpose within DoME, the password of which is shared only with individuals who have signed a Confidentiality Agreement.
6. Archiving standards
7. Feedback forms and reports are archived in locked cabinets until at least the end of the legally required retention period.

****Correspondence and Archiving:***

Correspondence is conducted and archived through the Medical Education Secretariat. Correspondence is sent to relevant academic departments in sealed envelopes marked "confidential." Individual feedback is sent to the relevant individuals in sealed envelopes marked "confidential" and "personal."