

# IGMH ACCREDITATION ASSESSMENT REPORT

MMDC

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## Accreditation assessment report submitted to MMDC for its decision.

### Programme:

General medical education programme of Medical School at the Maldives National University

### Facility assessed:

Indira Gandhi Memorial Hospital (IGMH)

### MMDC accreditation team assessment period:

25-27 June 2022

### Scope of assessment:

The team assessed the teaching facilities preparedness and capacity of the facility in relation to the MMDC accreditation standards for primary medical education programmes, particularly standards 5 and 6, relevant to the management, administration of teaching and learning, and delivery of the specific subject learning objectives at teaching hospitals.

### Areas of assessment:

#### 1. GENERAL MANAGEMENT

##### Findings:

- a. There is an affiliation agreement signed between IGMH and medical school. Role and responsibility of both parties are clearly mentioned in the agreement. However, the following gaps found in the agreement: -
  - There is no established focal point in the hospital, and the agreement is not very explicit about it. The working draft of the Protocol for Medical Education in Hospitals (sections 2.1 and 2.2) states that the presence of a focal point with clearly defined roles and responsibilities is required.
  - Hospital did not have, written policies and procedures in place for clinical education of medical students, to guide their roles, responsibilities in the teaching hospital. (Standard 6.4.3)
  - According to Article 6 of the affiliation agreement between IGMH and MNUMS, for the first six years of the agreement, the arrangement between the two organizations is a first-preference arrangement, and MNUMS shall use IGMH for the purposes specified in Clause 1 of this agreement and will not use any other party unless IGMH is unable to meet all requirements of clinical posting as specified in the MNUMS MD program. Nonetheless, MNUMS has struck affiliation agreements with various institutions, and students are currently posted in other hospitals.
- b. IGMH provides both general medical education and clinical internship.
- c. As a main teaching hospital, all clinical subjects are taught at IGMH.
- d. IGMH has 390 beds, annual admission is over 13834 (as in 2021) and bed occupancy of the hospital is over 50%.
- e. IGMH emergency department and casualty receive on average 1400 patients per week (70,000 patients yearly) that match the MMDC criterion of 250 OPD for 50 students.
- f. With the exception of emergency medicine, which has only three consultants, most main subjects have an acceptable number of consultants to meet the required teaching staff to student ratio of at least 1:6: student.

- g. Each department runs a separate orientation session for new students when they join the department.
- h. The application of the policy on privacy and confidentiality to interns is supported by a signed statement. However, there is no proof that the same policy is applied to medical students.
- i. In the hospital, there is adequate-speed Wi-Fi internet access for both students and faculty.

## 2- TEACHING AND RESEARCH

### Findings:

- a. Faculties that train medical students have the required academic qualifications for the discipline they teaching (Standard 5.4).
- b. There are sufficient lecture halls, meeting spaces for small groups discussion, and conference rooms, as well as computer resources for doing statistical analysis.
- c. Despite the fact that the hospital has a research committee, there is no evidence of any research on medical education and teaching effectiveness. The hospital does not offer incentives to medical professionals to participate in research for evidence-based medicine and practice.
- d. There are regular teaching rounds for medical students, and students are required to present cases; however, there is no evidence of students' histories and examination findings being cross-checked.
- e. It is seen that the books contain UKM schedules for clinical posting and assessment. Some areas in UKM schedule not taught and not assessed during the clinical posting. Clinical departments who have organized their teaching and assessment timetables and schedules have shared them with MNU School of Medicine but these schedules have not been added to the log books.

## 3- CLINICAL FACULTY AND CME

### Findings:

- a. The National Health Care Academy is a teaching unit of the IGMH (NHA). However, there is no evidence of any coordination in terms of medical education for MNUMS medical students between MNUMS and the NHA of IGMH.
- b. There is evidence that the teaching faculty have a postgraduate qualification in the specialty as well as an MMDC license. MNUMS has signed a part-time lecturer contract with faculties that defines the terms and conditions. However, the contracted lecturers' number was not available in detail.
- c. According to MNUMS, each department has a designated coordinator who is responsible for ensuring that learning outcomes meet the subjects taught. (However, validated documents are not yet available to the assessment team)
- d. UKM once held a training session for the faculties, and many consultants attended (documents with participant information are not available to the assessment team). Since there is no new training for teaching faculties and consultants, and many new consultants have recently joined and are participating in a teaching process without having received effective teaching training.
- e. Teaching faculty have signed a part-time contract with MNUMS, and incentives are given in accordance with university policy; however, because there is no coordination between MNUMS and IGMH administration, there is no separate

allocated time for teaching for consultants who work as faculties, and they must use their hospital duty time to teach.

- f. IGMH is conducting CMEs regularly on a weekly basis.

#### 4- ACADEMIC EXCHANGES AND COMMUNITY EDUCATION

**Findings:**

- a. IGMH has no formal policy in place for collaborating with other hospitals/health centres for faculty and student academic exchange.
- b. Although IGMH has a teaching unit called the National Health Academy, there is no policy requiring faculty to participate in international health activities for teaching, advanced study, or research.
- c. IGMH contributes to National Health Programs, participates in epidemic control, national emergencies, and disaster relief, provides evidence-based health risk communication to the community, and hospital teaching faculty participate in health prevention and promotion activities with community groups/CSOs.

#### 5- SAFETY MEASURES

**Findings:**

- a. There is evidence of health and safety procedures in the form of emergency response plans and infection control procedures.

#### 6- ADMINISTRATION

**Findings:**

- a. The National Health Academy (NHA) is a specific unit within IGMH that has designated staff for medical education and runs a well-organized structured internship program. However, there is no coordination between MNUMS and NHA to conduct medical education for MNUMS medical students, so academic activities for students are carried out in each department separately and independently, and there is no medical education committee with defined functions and roles for medical students.
- b. Clinical Departments of IGMH are not clear on what their role in teaching is or what is expected out of them.
  - Initial understanding of the clinical departments is that their role is to attend to the respective clinical posting and conduct an assessment at the end of the posting
  - A sudden request was made by the Dean of school of medicine, to the consultants in the major clinical departments to mark the early professional exam papers. From the department of Medicine when one refused, then another consultant approached for the same till someone agreed.
  - Similarly, the heads of the major clinical departments were again called by the Dean of School of medicine to release a consultant for 2 hours to make the question paper for the next early professional exam.
- c. Some departments are not clear regarding what happens to students who does not have 100 percent attendance during the clinical posting as per the school of medicine requirement as documented. They are also not clear whether the

students are required to pass in the assessment at the end of the clinical posting and what happens if they do not.

- Departments have made their individual rules to address the attendance issue.
  - As per the Department of Surgery, for those who had not attained 100 percent, they were told by MNU med school to accept attendances over 80 percent. It was conveyed though it is documented for school of medicine students to attain 100 percent attendance to sit the exam, MNU has an attendance policy of over 80percent to sit in the exam, so it is fine.
  - Department of Surgery was told that even if the students fail in the assessment at the end of the posting, it is fine as long as they pass the early professional exam.
- d. No time allocated for teaching from the Hospital Administration. There is no role of hospital MD or CEO in issues related to clinical teaching. Each department functions separate where an administrative coordinator from MNUSM liaises with a designated administrator coordinator from the department.
- This becomes more challenging when large number of students are posted at once as more consultants are required when the students are divided into smaller groups for bedside teaching.
  - Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed,
  - teaching would be compromised over OPDs and other services.
  - Department of Emergency medicine highlighted that when such large groups are posted, they may have to utilize medical officers for teaching purposes as only 2 consultants are available at a point of time.
- e. Teaching departments lack support staff for teaching and research, and the hospital lacks adequate funding for research and teaching activities.
- f. Departments do not conduct regular teaching performance assessments of teaching faculty, and there is no evidence of improvement plans based on performance assessments being implemented.

## 7- INPATIENT BED CAPACITY AND VOLUMES

### Findings:

- a. The Obstetrics and Gynaecology department has 40 inpatient beds (A minimum of 40 inpatient beds is recommended) and 8 delivery beds (A minimum of 8 inpatient beds is recommended) and Orthopaedics Surgery specialty has 31 beds (A minimum of 15 inpatient beds is recommended).
- b. Hospital has adequate number of inpatient beds as per recommendation in the following specialty: Ophthalmology, ENT, Psychiatry, Dermatology, infectious diseases, Pulmonology, Rheumatology, oncology, endocrinology, nephrology, haematology, neurology, geriatrics, Cardiac surgery, neurosurgery, paediatric surgery, Urology, plastic surgery, thoracic surgery and maxillofacial surgery.
- c. The hospital has 20 dialysis chairs (A minimum of 5 dialysis chairs is recommended), 24 ICU beds (ICCU 15 beds, CCU 9 beds) (A minimum of 10 inpatient beds is recommended) and Emergency department has 42 beds (A minimum of 10 inpatient beds is recommended).
- d. The paediatric department has 32 beds (A minimum of 40 inpatient beds is recommended), internal medicine has 31 beds (A minimum of 40 inpatient beds

is recommended), and surgery has 31 beds (A minimum of 40 inpatient beds is recommended).

- e. The hospital has four fully functioning operating rooms for general and obstetric surgeries, as well as an adequate number of cardiac monitors in inpatient beds.
- f. The hospital did not provide data on procedures performed in the previous 12 months in internal medicine and ICU care, procedures performed in the previous 12 months in paediatric and neonatal care, anaesthetic procedures performed in the previous 12 months, number of deliveries performed in the previous 12 months, surgical procedures performed in the previous 12 months in Gynaecology, surgical procedures performed in the previous 12 months in General surgery and surgical procedures performed in the previous 12 months in ophthalmology, However, based on the number of admissions and bed occupancy, the total number of procedures would be greater than the minimum required number.

#### 8- OUT PATIENT VOLUMES

##### **Findings:**

- a. IGMH did not provide complete outpatient data and related procedures as required for the assessment. As a result, the information was gathered indirectly from the president's office's statistics on tertiary hospitals.
- b. For the previous 12 months, IGMH had a minimum of 6500 patients in OPD per month, more than 600 ambulatory OPD patients in A&E, and more than 250 patients under clinical observation in A&E.
- c. IGMH has an average monthly OPD of more than 250 patients in orthopaedics, ophthalmology, ENT, pulmonology, nephrology, dermatology, and psychiatry.
- d. According to indirect data gathered from tertiary hospital weekly statistics in the president's office, the average monthly OPD patient visiting Gynaecology and Obstetrics is around 960-1000 patients, Paediatrics is around 1200 patients, and General Surgery is around 750-800 patients (A minimum of more than 1500 patients per month averaged for the past 12 months is recommended in each department).
- e. Internal medicine has a monthly OPD of around 1332 patients (A minimum of more than 1500 patients per month averaged for the past 12 months is recommended), but with other related subspecialties of internal medicine, the total OPD patients are around 3588 per month (Cardiology 756 patients, Endocrinology 328 patients, neurology 264 patients, oncology 168 patients and respiratory 740 patients per month)
- f. IGMH OPD rooms are equipped with stethoscopes, blood pressure machines, thermometers, torches, tongue depressors, tape measures, examination tables, and gloves, and the hospital has an epidemiological/ disease burden analysis system for its patients.
- g. The hospital has designated areas in the OPD/IPD for teaching and evaluating medical students, and teaching activities take place in both OPDs and on the bedside.
- h. For inpatients and outpatients, IGMH has an in-house radiology department, medical laboratory department, and pharmacy, all of which have adequate qualified staff.



## 9- LABORATORY & RADIOLOGY

### Findings:

- a. The IGMH performs far more microbiology tests, biochemical tests, haematology tests, and blood unit distribution than the minimum required tests.
- b. IGMH performs 12000 X-rays per month on average (A minimum of more than 1000 patients per month averaged is recommended), 1000 USGs per month (A minimum of more than 1000 patients per month averaged is recommended), 500 CTs per month (A minimum of more than 150 patients per month averaged is recommended), 500 MRIs per month (A minimum of more than 50 patients per month averaged is recommended), and 50 mammography per month (A minimum of more than 50 patients per month averaged is recommended).

## 10- ACCIDENT AND EMERGENCY DEPARTMENT

### Findings:

- a. IGMH has an easily accessible operational emergency department with a patient prioritization process that operates 24 hours a day, seven days a week.
- b. The emergency department provides appropriate resuscitation services, and a designated procedure room is available.
- c. There are physicians and staff with valid ACLS, APLS, and ATLS certification.
- d. The ER has a resuscitation facility, including a crash cart (Defibrillator) and a patient cubicle with central oxygen, suction, and monitoring facilities, as well as an adequate number of beds with monitoring facilities, a minor operating theatre, and suction machines, Ambu bags for infants, paediatric patients, and adult patients that are functional and in use.
- e. Students have not yet been assigned to the emergency department and department is not ready for a posting. No timetables drawn and it is unclear whether a consultant will be available to all students if a large number is posted.
- f. Department of Emergency medicine not ready for posting yet. No timetables drawn and not sure if large number posted, whether a consultant can be available for all students and may have to utilize medical officers for bedside teaching. ER consultants have not seen the curriculum yet, so are not aware of the content etc.

## 11- MEDICINE

### Findings:

- a. IGMH has a fully functional medical ward with stethoscopes, blood pressure monitors, pulse oximeters, glucometers, thermometers, nebulizers, torches, hammers, measuring tape, and the medical ward is covered by sufficient trained physicians, nurses 24 hours a day, seven days a week.
- b. Students are already posted in internal medicine. There is a timetable for students to complete clinical rotations/clerkships in the Medical Unit.
- c. Internal medicine department has physicians and staff who are ACLS certified. There is a designated procedure room, appropriate resuscitation services, and a medical ward with an ECG machine, cardiac monitors, defibrillator, video endoscopic system, and 2D echocardiograph with colour doppler.
- d. The department head is unsure of their role in teaching or what is expected of them.

- e. Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student-patient ratio.
- f. Concerns raised by Department of Medicine that the Content to be covered during the 3rd year posting is quite huge and almost impossible to cover during the period of posting.
- g. Department of medicine has raised concerns that some students are having mental health ailments affecting their attendance and performance.
  - It is noted that there are Students on treatment for mental health ailments and some have presented repeatedly with self-harm, even warranting admission and treatment.
  - Many concerns have been raised regarding the selection process at intake of students, fitness to continue studies and practice medicine and policies regarding such issues whether the students have to declare their mental health issue, student support etc
- h. Due to the large number of students posted in the internal medicine department at the same time, supervisor to student ratio (1:6) and student to bed ration (1:5) were compromised.
- i. Departments have not established mechanisms for taking formal student feedback.
- j. It is noted by department of medicine that students do not carry the required equipment needed for patient examination like stethoscope, hammer etc

## 12- SURGERY

### Findings:

- a. IGMH has a fully functional Surgical ward, and ward is covered by sufficient trained surgeons, medical officers and nurses 24 hours a day, seven days a week.
- b. Students are already posted in general surgery. There is a timetable for students to complete clinical rotations/clerkships in the surgery department.
- c. General surgery department has physicians and staff who are ATLS certified.
- d. In the surgical ward, there is a designated procedure room as well as appropriate resuscitation services.
- e. The surgical ward is equipped with adequate standard surgical sets, a paediatric surgery set, a thoracic surgical set, a vascular surgical set, a fibre optic colonoscope, a microsurgical instrument set, a transurethral resection of prostate surgical set, a cystoscope, a fibreoptic oesophagoscope, and a fibreoptic bronchoscope.
- f. The department head is unsure of their role in teaching or what is expected of them.
- g. Department is not clear regarding what happens to students who does not have 100 percent attendance during the clinical posting as per the school of medicine requirement as documented. They are also not clear whether the students are required to pass in the assessment at the end of the clinical posting and what happens if they do not.
  - Departments have made their individual rules to address the attendance issue
  - As per the Department of Surgery, for those who had not attained 100 percent, they were told by MNU med school to accept attendances over

- 80 percent. It was conveyed though it is documented for school of medicine students to attain 100 percent attendance to sit the exam, MNU has an attendance policy of over 80percent to sit in the exam, so it is fine
- Department of Surgery was told that even if the students fail in the assessment at the end of the posting, it is fine as long as they pass the early professional exam.
  - h. Concern expressed by the department that with no allocation for teaching, when the departments are understaffed, teaching would be compromised over OPDs and other services.
  - i. Due to the large number of students posted in the surgery department at the same time, supervisor to student ratio (1:6) and student to bed ration (1:5) were compromised.
  - j. Departments have not established mechanisms for taking formal student feedback.

### 13- OBSTETRICS AND GYNAECOLOGY

#### Findings:

- a. IGMH has a fully functional OBGYN ward, and ward is covered by sufficient trained specialists, medical officers and nurses 24 hours a day, seven days a week.
- b. Students are already posted in OBGYN. There is a timetable for students to complete clinical rotations/clerkships in the OBGYN department.
- c. All deliveries are attending by paediatric department who are having valid neonatal and paediatric resuscitation certification.
- d. In the OBGYN, there is a designated procedure room as well as appropriate resuscitation services and the department ensure the privacy and confidentiality of the patient.
- e. The OBGYN ward is equipped with adequate standard colposcope sets, a laparoscopic surgical set (Sharing with general surgery), 4 CTG machines, adequate number of outlet forceps, vacuum ventuse cups and manual vacuum aspirators, dilatation and Evacuation sets, Caesarean section sets perineal/vaginal/cervical repair sets, Sims and Cusco's speculums, and an adequate equipment for family planning.
- f. The MNUMS provided to the module coordinator with student study guides.
- g. Although the department has six delivery tables (A minimum of more than 8 delivery tables is recommended), a hysteroscope is not available.
- h. The department has six delivery tables (A minimum of more than 8 delivery tables is recommended), but no hysteroscopes are available, and only one pelvic model is used as a teaching dummy (A minimum at least 2 teaching dummies and anatomical pelvis models is recommended).
- i. The department is unsure of their role in teaching or what is expected of them.
- j. Department is not clear regarding what happens to students who does not have 100 percent attendance during the clinical posting as per the school of medicine requirement as documented. They are also not clear whether the students are required to pass in the assessment at the end of the clinical posting and what happens if they do not.

- k. Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student- patient ratio.
- l. Consultants have expressed concerns about having more difficulty when a large number of students are posted at once, as more consultants are required when the students are divided into smaller groups for bedside teaching. They claimed that due to the large number of students posted in at once, consultants left students unattended. Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed, teaching would be compromised over OPDs and other services.
- m. Due to the large number of students posted in the OBGYN department at the same time, supervisor to student ratio (1:6) and student to bed ration (1:5) were compromised.
- n. Departments have not established mechanisms for taking formal student feedback.

#### 14- PAEDIATRICS

##### **Findings:**

- a. IGMH has a fully functional medical ward with weighing scales, length/height measuring scales, ultrasonic nebulizers, glucometers, thermometers, nebulizers, pulse oximeter and infusion pumps, and the medical ward is covered by sufficient trained physicians, nurses 24 hours a day, seven days a week.
- b. Paediatric department has physicians and staff who are APLS certified. There is a designated procedure room, appropriate resuscitation services.
- c. The neonatal intensive care unit at the hospital is fully operational. Due to the lack of a paediatric neonatal intensive care unit, the central intensive care unit is used to manage paediatric critical cases.
- d. Students have not yet been assigned to the paediatric department. Module coordinator is not yet allocated.
- e. The department head is unsure of their role in teaching or what is expected of them.
- f. Paediatric department not ready for posting yet. No timetables drawn and not sure if large number posted, whether a consultant can be available for all students for bedside teaching. Consultants have not seen the curriculum yet, so are not aware of the content etc.
- g. If large number of students posted in the paediatric department at the same time, supervisor to student ratio (1:6) and student to bed ratio (1:5) will be compromised.
- h. Departments have not established mechanisms for taking formal student feedback.

#### 15- ORTHOPAEDICS

##### **Findings:**

- a. IGMH has a fully functional Orthopaedic ward, and ward is covered by sufficient trained surgeons, medical officers and nurses 24 hours a day, seven days a week.
- b. Hospital has physicians and staff who are ATLS certified.
- c. In the Orthopaedic ward, there is a designated procedure room as well as appropriate resuscitation services.

- d. The department has a clearly defined hierarchical structure, and the department head understands his responsibilities and roles.
- e. Students have not yet been assigned to the Orthopaedic department. Module coordinator is not yet allocated.
- f. To ensure patient and student safety, the department has a plan in place for providing unit-specific orientation to students and supervising learning activities.
- g. If large number of students posted in the paediatric department at the same time, supervisor to student ratio (1:6) and student to bed ratio (1:5) will be compromised.
- h. Departments have not established mechanisms for taking formal student feedback.

16- Nephrology/Pulmonology/Gastroenterology/ Cardiology/Psychiatry

**Findings:**

- a. IGMH has a fully functional Nephrology/Pulmonology/Gastroenterology/ Cardiology/Psychiatry ward, and ward is covered by trained specialists, medical officers and nurses 24 hours a day, seven days a week.
- b. The departments have a clearly defined hierarchical structure.
- c. Hospital has physicians and staff who are ACLS certified. There is a designated procedure rooms, appropriate resuscitation services.
- d. The departments are unsure of their role in teaching or what is expected of them.
- e. Some departments are not clear regarding what happens to students who does not have 100 percent attendance during the clinical posting as per the school of medicine requirement as documented. They are also not clear whether the students are required to pass in the assessment at the end of the clinical posting and what happens if they do not.
- f. Departments have made their individual rules to address the attendance issue.
- g. Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student- patient ratio and even student -teacher ratio in some departments. As per the clinical departments this issue has been repeatedly conveyed to MNUSM and not addressed yet.
- h. It is seen that the books contain UKM schedules for clinical posting and assessment. Some areas in UKM schedule not taught and not assessed during the clinical posting. Clinical departments who have organized their teaching and assessment timetables and schedules have shared them with MNU School of Medicine but these schedules have not been added to the log books.
- i. Each department functions separate where an administrative coordinator from MNUSM liaises with a designated administrator coordinator from the department.
  - This becomes more challenging when large number of students are posted at once as more consultants are required when the students are divided into smaller groups for bedside teaching.
  - Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed, teaching would be compromised over OPDs and other services.

- j. Concerns raised by Department of Psychiatry that the Content to be covered during the 3rd year posting is quite huge and almost impossible to cover during the period of posting.
  - Concerns from psychiatry department that huge topic such as substance use is given whereas so much falls under one topic like this, and they have no idea how much of content has to be delivered in the given time in addition to a community project which the students have to complete during the posting.
- k. Psychiatry posting scheduled for October and department not ready with schedules and timetables. They have requested a meeting with MNUMS as content is huge and would not be able to cover it all during the posting including doing a community project as well.
  - Concerns that some topics given are very large eg: like substance abuse and so much content falls under this one topic, so they are not clear how much content to be covered
- l. Concerns also voiced by the psychiatry department that it may be very challenging to post students in psychiatry OPD as Male' is a small place and most of the patients does not even want a clinical assistant's presence also during consultation. This issue needs to be discussed and addressed.
- m. Only one or 2 psychiatrists have attended only 1 training organized by MNU/UKM and they are not trained for conducting assessment at the end based on the curriculum.
- n. Department of psychiatry have raised concerns that some students are having mental health ailments affecting their attendance and performance.
  - It is noted that there are Students on treatment for mental health ailments and some have presented repeatedly with self-harm, even warranting admission and treatment.
  - Many concerns have been raised regarding the selection process at intake of students, fitness to continue studies and practice medicine and policies regarding such issues whether the students have to declare their mental health issue, student support etc
- o. When a large number of students are posted at the same time, the supervisor-to-student ratio (1:6) and student-to-bed ration (1:5) will be compromised.
- p. Departments have not established mechanisms for taking formal student feedback.

#### 17- Urology/Neurosurgery/Cardiothoracic/ Plastic Surgery

##### **Findings:**

- a. IGMH does not have a separate Urology/Neurosurgery/Cardiothoracic/Plastic Surgery ward, but the general surgery ward is combined with other wards to serve patients in these areas.
- b. The department of surgery has one neurosurgeon and one plastic surgeon.
- c. The departments have a clearly defined hierarchical structure.
- d. Hospital has physicians, surgeons and staff who are ACLS and ATLS certified. There are a designated procedure rooms, appropriate resuscitation services in the respective departments and wards.

## 18- ENT, OPHTHALMOLOGY

### Findings:

- a. There are no separate wards for ophthalmology and ENT, but ophthalmology, ENT, and orthopaedics share the same ward.
- b. There are four ophthalmologists and five otolaryngologists in both departments.
- c. Hospital has physicians and staff who are ACLS and ATLS certified. In ophthalmology department there are no designated procedure rooms but there is a defined allocated space for the procedure.
- d. Keratometer, Autorefracto/Keratometer, Phacoemulsification unit, indirect and direct ophthalmoscope, Retinoscope, Trial lens set with trial frame, Prism bars, vertical/horizontal, Lensometer, Manual visual field analyser, automated visual field analyser Bjerrum Screen and Slit lamp are all available in the ophthalmology department.
- e. The department does not have an ultrasound B-scan or an electrosurgical diathermy unit (Mono/Bipolar), and the ultrasound A-scan bio-meter is not functioning.
- f. Students have not yet been assigned to the ophthalmology department. Module coordinator is not yet allocated.
- g. The ophthalmology department head is unsure of their role in teaching or what is expected of them.
- h. Ophthalmology department is not ready for posting yet. No timetables drawn and not sure if large number posted, whether a consultant can be available for all students for bedside teaching. Consultants have not seen the curriculum yet, so are not aware of the content etc.
- i. Auroscope, rigid endoscopes, Audiometer, Microscope instrument sets for tympanoplasty, and Rhinoplasty, instrument Set for tonsillectomy, instrument Set for maxilloidectomy, Set for FESS and Air Drill with all accessories available in the ENT department.
- j. The head of ENT department is unsure of their role in teaching or what is expected of them.
- k. ENT Consultants have not seen the curriculum, so are not aware of the content etc.
- l. There are five Maldivian doctors teaching. Consultants are unsure whether the medical school has passed the curriculum, facilitator guide, and so on. The agreement of the teachers at the medical school is unknown, and all five doctors have attended sessions held by the medical school.
- m. If large number of students posted in the Ophthalmology and ENT department at the same time, supervisor to student ratio (1:6) and student to bed ratio (1:5) will be compromised.
- n. ENT and Ophthalmology department have not established mechanisms for taking formal student feedback.

## 19- Dermatology

### Findings:

- a. UVB machine and biopsy sets, magnifying glasses are all available in the Dermatology department and also one electrocautery machine available (A minimum of more than 3 electrocautery machines are recommended).

- b. The department lacks fluorescent lamps, wood lamps, and a PUVA machine.
- c. Three Maldivian doctors are teaching. All the information has been passed to them by the medical school. They used to prepare the question papers with answers which has been sent to the medical school.
- d. They have no knowledge of the agreement for part-time lecturers in teaching faculties and all three doctors have attended sessions held by the MNU.

#### 20- COMMUNITY MEDICINE/FAMILY MEDICINE

##### **Findings:**

- a. COMMUNITY MEDICINE/FAMILY MEDICINE are not conducted in IGMH

#### 21- Operating Theatre (including recovery room)

##### **Findings:**

- a. IGMH has fully functional operating rooms with monitoring facilities, a functional recovery area with oxygen, suction, and monitoring facilities, and an appropriately furnished Pre-anaesthesia area.
- b. The hospital has APLS-certified physicians and staff. Appropriate resuscitation services are available in OT, and waste disposal measurements are available.
- c. OT staff raised the issue that some students are unfamiliar with the operation theatre rules, such as sterilization, disinfection, and dress codes, making it difficult during some surgical interventions, indicating a lack of orientation to students before allowing them to enter the operation theatre.

#### 22- RADIOLOGY DEPARTMENT

##### **Findings:**

- a. Portable X-ray, probe grey scale (3.5 MHz) USG, colour Doppler USG (with multi frequency probes), CT scan 16 slices or above, MRI (1.5Tesla or above), Mammography, Orthopantomogram (OPG) and lead shields/partitions are all available in the radiology department.
- b. Hospital has only one Fluoroscopy/image intensifiers (500mA) (A minimum of 3 Fluoroscopy/image intensifiers are recommended) and not sure the availability of biopsy probe.
- c. Module coordinator is assigned. This module is taught to medical students by six Maldivian doctors in this department. The skeletal system is shared by the six teachers. These six doctors set and grade the exam. The curriculum and log book have been shared by MNU School of Medicine. Except for two new doctors, all of the doctors participated in professional development or training. Students are not yet assigned to a department.

#### 23- STERILISATION AND STORAGE

##### **Findings:**

- a. IGMH has an instrument washing area, a linen washing area, steam autoclaves with a temperature of 134 degrees Celsius (500L), an Ethylene oxide/Formaldehyde gas/plasma sterilizer, chemical based high-level disinfection/sterilization facilities and a sealant machine that are all operational.
- b. The path for collecting dirty linen and instruments is unidirectional; however, a separate path for collecting dirty linen and instruments is recommended.



### Findings against the standards of accreditation

Standards	Finding	Comments
STANDARD 5: ACADEMIC STAFF/FACULTY		
5.1	The medical education program must be supported by a critical mass of appropriately qualified faculty in each of the major disciplines of basic and clinical sciences, with an appropriate mix of teaching experience.	Not compliant Adequate number of consultants are available in IGMH but there are no proof for presence of adequate number of faculties appointed for teaching purpose
5.2	Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, an understanding of pedagogy, methods of measuring student performance consistent with the learning objectives and readiness to be subjected to internal and external evaluations.	Not compliant Once medical school have been arranged a training to IGMH consultants to be an effective teacher and how to assess students' performance consistent with learning objectives. But since that many new consultants joined who do not have a training and are involved in teaching without properly orienting to be an effective teacher
5.3	It is essential for the academic staff to have the required academic qualification for the discipline they are teaching in, and to also have expertise in one or more subdivisions or specialties within that discipline, as well as research capabilities	Compliant
5.4	The faculty should understand and deliver the objectives 'of the educational program according to the curriculum and provide the basis for evaluating the effectiveness of the educational program in order to achieve the defined competencies of the graduates	Not compliant Clinical Departments of IGMH are not clear on what their role in teaching is or what is expected out of them. -Initial understanding of the clinical departments is that their role is to attend to the respective clinical posting and conduct an assessment at the end of the posting  -A sudden request was made by the Dean of school of medicine, to the consultants in the major clinical departments to mark the early professional exam papers. From the department of Medicine when one refused, then another consultant approached for the same till someone agreed.

				-Similarly, the heads of the major clinical departments were again called by the Dean of School of medicine to release a consultant for 2 hours to make the question paper for the next early professional exam.
5.5	There must be appropriate balance between medical and non-medical academic staff (overall, 70: 30) as well as the ratio between full-time and part-time staff. Full time faculty should be 60% or more for preclinical phase and 80% or more for the clinical phase.	Not compliant	Full time faculty should be 80% or more for the clinical phase. However, there are no Full-time faculties	
5.6	The medical school should formulate and implement a staff activity and development policy which ensures sufficient knowledge by individual staff members of the total curriculum and include teacher training, development, support and appraisal	Not compliant		
5.7	All clinical teaching staff should be registered with MMDC and be credentialed to practice in health care facilities.	Compliant		
5.8	The Staff/Student Ratio			
5.8.1	It is generally accepted that the ratio of staff/ student in a department should be based on the activities undertaken within the period of training. Sharing of faculty members between medical programs as well as with other programs is not encouraged if their contact hours with student are compromised.	Not compliant	No time allocated for teaching from the Hospital Administration. There is no role of hospital MD or CEO in issues related to clinical teaching. Each department functions separate where an administrative coordinator from MNUSM liaises with a designated administrator coordinator from the department.	
5.8.2	The following ratios are considered appropriate for effective teaching and are recommended: Overall working Staff/ student ratio 1:12 for pre –clinical phase and 1: 7 for the clinical phase Tutorials: group size not exceeding 16 students per group Problem-based sessions, Clinical teaching in a skills lab setting and bed side teaching: group size not exceeding 12 students per group	Not compliant	This becomes more challenging when large number of students are posted at once as more consultants are required when the students are divided into smaller groups for bedside teaching. Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed, teaching would be compromised over OPDs and other services. Department of Emergency medicine highlighted that when such large groups are posted, they may have to utilize medical officers for teaching purposes as only 2 consultants are available at a point of time.	
5.9	Management of Faculty/Academic Staff			

5.9.1	There must be clear policies for selection and appointment, renewal of appointment, promotion, and dismissal of members of the faculty. These policies shall be clearly communicated to the faculty at the time of appointment.	Not compliant	There are no full-time faculties
5.9.2	The faculty recruitment and appointment process must involve the appropriate departmental heads and the Dean. The selection criteria should be based on academic merits, experience in teaching, continued commitment to teach, research capabilities and scholarly productivity.	Not compliant	There are part time faculties. They have a contract with a clear terms and responsibilities defined in the contract
5.9.3	Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits. The medical education provider must be proactive in maintaining and retaining faculty members for the purpose of ensuring the proper conduct of the program, research and health care services	Compliant	
5.9.4	Faculty members should receive regular scheduled appraisal and feedback, including feedback from students, on their performance and their progress towards promotion	Not compliant	As there are no full times consultants; there are no regular scheduled appraisal and feedback
5.9.5	Opportunities for continuous professional development should be provided to enhance faculty members' skills and leadership abilities in teaching, research and service	Not compliant	
5.9.6	Due consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programs so as to ensure each program has adequate resources.	Not applicable	
5.9.7	There should be guidelines and policies in place that deal with circumstances in which the private interests of its faculty or staff (e.g. private practice) may conflict with their official responsibilities.	Not compliant	

5.9.8	The medical education provider should have policies that address to prevent faculty exposure to infectious and environmental hazards and shall follow accepted guidelines in determining appropriate immunizations for faculty.	Not compliant
5.10	Eligibility criteria for faculty	
5.10.1	All faculty appointments must be according to the rules of the University/Institution	Compliant
5.10.2	All teaching faculty should have basic medical qualification ie MBBS or equivalent degree recognized by MMDC and a post graduate master's degree in the relevant field to be eligible for teaching faculty.	Compliant
5.10.3	Basic medical sciences are best taught by academic staff with a basic degree in medicine. When this is not possible, other suitably qualified staffs in other areas of medical sciences are accepted provided that the teaching objectives relevant to the desired curriculum are met satisfactorily for example, a first degree in Biomedical Sciences and a higher degree in the same at Masters or PhD level.	Not applicable
5.10.4	In basic medical science subjects, nonmedical faculty (those faculty who do not have MBBS or equivalent qualification), with M.Sc. degree may be appointed to the extent of 30% of the total number of the required faculty positions in a department in case the requirement as above is not fulfilled. But in Community Medicine, as there are many subjects included in teaching/learning activities, non-medical faculty can be included up to a maximum of 50%.	Not applicable
5.10.5	One clinical science faculty with postgraduate MD/MS or equivalent qualification in a clinical discipline may be included as a resource faculty member (provided medical basic science faculty is not available) in basic medical	Not applicable

	sciences and shall be counted as a full-time faculty member in that department only. Such a resource faculty member may be appointed by the institution in all basic science departments but even then, 50% should hold a PhD or Masters qualification in the relevant field		
5.10.6	A Tutor or Instructor with MBBS or equivalent degree may be appointed as required in each of the basic science departments to assist faculty members in practical/demonstrations. However, they should not be counted as the faculty.	Not applicable	
5.10.7	The posts of Professor Emeritus/ Visiting Faculty may be given to teaching faculty holding posts in other Universities. The appointment criteria will be the same as that used for appointment of regular faculty. The appointment should be institution specific and time limited and if such a Visiting Faculty is no longer involved in the teaching/training program of the institution, this title should be cancelled. Visiting faculty should not be counted for the allocation of seats or enrolment of students. They may be appointed for the progress of the overall academic standard and betterment of the training institution	Not applicable	
<b>STANDARD 6: THE LEARNING ENVIRONMENT (FACILITIES AND RESOURCES)</b>			
6.1	The medical school must maintain a good environment for imparting quality medical education and must have the required number of departments, sections together with an adequate number of faculty and staff, both administrative and technical.	Not compliant	
6.2	Physical Facilities		
6.2.1	The medical education provider should ensure that the students and staff has access to safe and well maintained physical facilities in all its teaching and learning sites. It is essential that students have sufficient and accessible	Not compliant	Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student- patient ratio and even student -teacher ratio in

	facilities and appropriate medical resources to support the achievement of the objectives and proper conduct of the course, including a wide range of experience with patients and communities of different social and cultural backgrounds.		some departments. As per the clinical departments this issue has been repeatedly conveyed to MNUSM and not addressed yet. This can be settled if students are divided and posted in different units or departments
6.2.2	The physical facilities must include offices for faculty and administration, lecture rooms and tutorial rooms /auditorium/ examination Hall, tutorial rooms, basic science laboratories, anatomy, pathology and histology museums, and library and information technology services.	Compliant	
6.2.3	The institution should have a clinical skills laboratory to impart certain clinical skills to the students. It should incorporate up-to-date teaching aids	Not compliant	Not available in the hospital
6.2.4	There should in addition be facilities to conduct research as well as facilities for the humane care of animals if and when animals are used in teaching and research	Not applicable	
6.3	Clinical Facilities		
6.3.1	For clinical teaching, there must be a dedicated teaching hospital for the medical program.	Compliant	
6.3.2	If the hospital is an affiliate to the medical school, there must be a written agreement which defines clearly the responsibilities of each party.	Compliant	Terms and responsibilities of each party are clearly documented. However, no focal point is identified
6.3.3	If the affiliated teaching hospitals is geographically separated from the medical school, appropriate communication linkages through internet, tele-conferencing etc must be established.	Compliant	
6.3.4	Medical education providers are permitted, if and when needed, to use other affiliate hospitals and health centers for carrying out teaching learning activities of medical students. A memorandum of understanding between the medical college and the hospitals and health centers must	Compliant	

	be signed and must be updated as long as they are being used for the teaching or learning purposes.		
6.3.5	There should be adequate resources to provide clinical instruction through the full spectrum of primary, secondary and tertiary care. The settings for medical education must provide experiences that will develop and enhance the value of social responsibility among the medical students	Compliant	
6.3.6	It should be ensured that the clinical learning environment offers students sufficient patient contact, appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice	Not compliant	No sufficient number of patients due to posting of large number of students in same departments
6.3.7	For institutions that do not have their own teaching hospitals, it is recommended that university units be established in main hospitals or the faculty to be part of the clinical departments. Distribution of academic staff between university and hospital and their role in the areas of teaching, research and patient care should be stated clearly	Not applicable	
6.3.8	Medical education providers are encouraged to provide students, experiences in institutions providing special care such as homes and shelter for children, the elderly, people with special needs, disabilities and challenged, as well as drug rehabilitation centers	Not applicable	
6.4	The Teaching Hospital		
6.4.1	The teaching hospital should be appropriately organized for the conduct of medical education, including the provision of a scholarly environment. It must demonstrate a commitment to excellence in both medical education and patient care. It must have an organizational structure that supports medical education and patient care with adequate resources. An ethical, professional and educational environment, in which curricular	Not compliant	There is no role of hospital MD or CEO in issues related to clinical teaching. Each department functions separate where an administrative coordinator from MNUSM liaises with a designated administrator coordinator from the department. There are no written policies and procedures in place for clinical education of students, to guide their roles, responsibilities in the teaching hospital. There is no regulation on the duty hours, disciplinary regulations and grievance processes for teaching faculties.

	requirements, scholarly activity and general competencies can be met, must be demonstrated		
6.4.2	The Medical Director of the hospital should have the authority and responsibility for the oversight and administration of the hospital teaching program in collaboration with the Dean of Medical School.	Not compliant	
6.4.3	The Teaching Hospital must have, written policies and procedures in place for clinical education of students and interns, to guide their roles, responsibilities in the teaching hospital. This should include, but is not limited to, the duty hours, disciplinary regulations and grievance processes.	Not compliant	
6.4.4	The Hospital must have in place a quality improvement process to assess the hospital's performance improvement program, and plans to apply for international accreditation	Compliant	There is an ongoing process for quality improvement to assess the hospital's performance improvement program, and plans to apply for international accreditation
6.4.5	The Hospital must have in place a Continuing Professional Education Program that is accessible to the Clinical Faculty, clinical students and interns	Compliant	There is regular CMEs However These CMEs are not specified to medical students, but that is accessible to the Clinical Faculty, clinical students and interns
6.4.6	The faculty should have received training to be teachers, with experience in medical teaching, and principles of effective education including feedback and evaluation and should be given the time and space in which to facilitate education	Not compliant	At the beginning there was a training for the consultants. But not maintained in regular basis and many new consultants who joined later have not trained for principles of effective education including feedback and evaluation No time allocated for teaching from the Hospital Administration. Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed, teaching would be compromised over OPDs and other services
6.4.7	The teaching hospital must have adequate resources in terms of patients, diagnostic capabilities and equipment to meet the requirements of student training and to demonstrate exemplary care	Not compliant	Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student- patient ratio and even student -teacher ratio in some departments. As per the clinical departments this issue has been repeatedly conveyed to MNUSM and not addressed yet.



	<p>Department of Emergency medicine highlighted that when such large groups are posted, they may have to utilize medical officers for teaching purposes as only 2 consultants are available at a point of time.</p> <p>Department of Obstetrics and gynecology also raised the concern of inadequate exposure of the students for the given areas as per curriculum and also, they said they left many students in ward unattended by consultant due to large number of students posted</p>	
6.4.8	Compliant	
6.4.9	Compliant	<p>The Hospital Bed Occupancy rate should be at least 80%</p> <p>The teaching Hospital should have the following functional components:</p> <ul style="list-style-type: none"> <li>• Internal Medicine and Surgery</li> <li>• Paediatrics and Obstetrics and Gynaecology</li> <li>• Mental health</li> <li>• Emergency and Critical care medicine</li> <li>• Rehabilitation</li> <li>• Pathology (including postmortem facilities) and Laboratory Medicine</li> <li>• Radiology and Imaging</li> <li>• Ear, Nose and Throat /Dental/ Ophthalmology</li> <li>• Orthopaedics/Anaesthesiology/Dermatology</li> <li>• Operating Theatres</li> <li>• Outpatient Clinics /Public Health /Pharmacy</li> <li>• Medical Information Systems</li> </ul>
6.4.10	Compliant	<p>Basic disciplines must be available for clinical teaching at the designated teaching hospital i.e. medicine, pediatrics, surgery, obstetrics and gynecology, orthopedics, radiology and pathology. Disciplines such as otorhinolaryngology, ophthalmology and psychiatry could be shared with other facilities, if these facilities are not available or not</p>

	adequate in terms of resources and facilities, within the main teaching hospital	
6.4.11	The teaching hospital should have appropriate student/bed ratio of 1:5. This is important to give the students maximum learning opportunity while protecting the patient from exhaustion. The hospital should have Operation theater to hospital bed ratio of not more than 1:50.	Not compliant
6.4.12	The most important aspect of clinical teaching is to identify the learning objectives for different semesters/years by the concerned departments and their strict implementation of those objectives through fixed clinical placements schedules. A fixed time table together with the clinical topics allocated for daily teaching either in wards or OPD must be clearly written in every department	Not compliant  Concerns raised by Department of Medicine and Psychiatry that the content to be covered during the 3rd year posting is quite huge and almost impossible to cover during the period of posting. Concerns from psychiatry department that huge topic such as substance use is given whereas so much falls under one topic like this, and they have no idea how much of content has to be delivered in the given time in addition to a community project which the students have to complete during the posting. Psychiatry posting scheduled for October and department not ready with schedules and timetables. They have requested a meeting with med school as content huge and would not be able to cover it all during the posting including doing a community project as well.  Concerns that some topics given are very large eg: like substance abuse and so much content falls under this one topic, so they are not clear how much content to be covered  Concerns also voiced by the psychiatry department that it may be very challenging to post students in psychiatry OPD as Male' is a small place and most of the patients does not even want a clinical assistant's presence also during consultation. This issue needs to be discussed and addressed.
6.4.13	While posting medical students on clinical placements, a well-planned rotation schedule together with learning	Not compliant  Present rotation needs to revise

	objectives must be clearly specified for the students to follow and acquire.		
6.4.14	The teaching Hospital should have adequate teaching space (small group /lecture hall/conference facilities) for the anticipated numbers of clinical students and interns, in addition to adequate and appropriate space within departments for small group meetings.	Compliant	
6.4.15	The teaching hospital should use latest technology equipment, instruments in required amount for teaching/learning as well as giving the necessary service	Compliant	
6.4.16	In addition to acquiring basic insight into the disease manifestation and response to therapy, hands on skill development either on peers, mannequins or real patients under adequate supervision of the faculty/Senior Residents must be the core activity during the clinical rotations.	Not compliant	No adequate hands-on skill development due to large number of students
6.4.17	Ambulatory teaching at OPD is to be scheduled in teaching and learning activities hence a separate OPD teaching/demonstration room is desirable for all departments of the teaching hospitals.	Compliant	
6.4.18	A plan for monitoring and assessment should be in place with an emphasis on improving quality. Monitoring of students and faculty should be periodic and focus on knowledge, skills and attitudes of students with periodic assessment of the program. Results and outcomes of monitoring must be used to improve training.	Not compliant	No monitoring and assessment for quality improvement
6.4.19	The teaching Hospital should have and adhere to Policies on Infection prevention and control and policy on standard operating procedures	Partially Compliant	Work is in progress
6.4.20	Patient data: The hospital should show an analysis and summary of patient data that demonstrate that clinical students and interns will get appropriate exposure and experience.	Not assessed	Hospital not provided the required statistics

			<ul style="list-style-type: none"> <li>• The hospital must demonstrate an adequate number, and types of patients in terms of clinical conditions, age, gender for the hospital as a whole and for each department.</li> <li>• The hospital must provide data on admissions, both elective and emergency</li> <li>• The hospital must provide data on the average number of outpatient and emergency visits for the previous 12 months.</li> <li>• The hospital must provide data on the average number of surgical cases, both major and minor, for the previous 12 months, by type of surgery.</li> <li>• The hospital must provide the numbers of beds in the hospital and in each department. This must be accompanied by patient bed occupancy.</li> </ul>
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A number of accreditation standards are partially established to a satisfactory level. These include the following: -

1. There is a signed official affiliation agreement between IGMH and MNU medical school. Role and responsibility of both parties are clearly mentioned in the agreement. However, the following gaps found in the agreement: -
  - a. No defined focal point in the hospital and it is not clearly documented in the agreement (Annexes may fill the gaps, but not yet provided to the accreditation team) (Standard 6.4.2)
  - b. Hospital did not have, written policies and procedures in place for clinical education of medical students, to guide their roles, responsibilities in the teaching hospital. (Standard 6.4.3)
2. There is an established teaching unit in the hospital (National health academy), however there are no available written documents identifying the relation of national health academy and medical school teaching activity. (Standard 6.3.7)
3. There is evidence of health and safety procedures in the form of plans and procedures on emergency response
4. If well organized in accordance with accreditation standards and guidelines, IGMH has the capacity to conduct medical education in terms of consultant availability, number of beds, bed occupancy, number of procedures, and availability of medical instruments and machineries.

#### Summary of major gaps

- a. There is an affiliation agreement signed between IGMH and medical school. Role and responsibility of both parties are clearly mentioned in the agreement. However, the following gaps found in the agreement: -
  - There is no established focal point in the hospital, and the agreement is not very explicit about it. The working draft of the Protocol for Medical Education in Hospitals (sections 2.1 and 2.2) states that the presence of a focal point with clearly defined roles and responsibilities is required.
  - Hospital did not have, written policies and procedures in place for clinical education of medical students, to guide their roles, responsibilities in the teaching hospital. (Standard 6.4.3)
  - According to Article 6 of the affiliation agreement between IGMH and MNUMS, for the first six years of the agreement, the arrangement between the two organizations is a first-preference arrangement, and MNUMS shall use IGMH for the purposes specified in Clause 1 of this agreement and will not use any other party unless IGMH is unable to meet all requirements of clinical posting as specified in the MNUMS MD program. Nonetheless, MNUMS has established affiliation agreements with various institutions, and students are currently posted in other hospitals.
- b. The application of the policy on privacy and confidentiality to interns is supported by a signed statement. However, there is no proof that the same policy is applied to medical students.
- c. Despite the fact that the hospital has a research committee, there is no evidence of any research on medical education and teaching effectiveness. The hospital does not offer incentives to medical professionals to participate in research for evidence-based medicine and practice.

- d. The National Health Academy (NHA) is a specific unit within IGMH that has designated staff for medical education and runs a well-organized structured internship program. However, there is no coordination between MNUMS and NHA to conduct medical education for MNUMS medical students, so academic activities for students are carried out in each department separately and independently, and there is no medical education committee with defined functions and roles for medical students.
- e. There is evidence that the teaching faculty have a postgraduate qualification in the specialty as well as an MMDC license. MNUMS has signed a part-time lecturer contract with faculties that defines the terms and conditions. However, the contracted lecturers' number was not available in detail. Furthermore, there are no evidence of having full time lecturers in any clinical subjects.
- f. According to MNUMS, each department has a designated coordinator who is responsible for ensuring that learning outcomes meet the subjects taught. (However, validated documents are not yet available to the assessment team)
- g. UKM once held a training session for the faculties, and many consultants attended (documents with participant information are not available to the assessment team). Since there is no new training for teaching faculties and consultants, and many new consultants have recently joined and are participating in a teaching process without having received effective teaching training.
- h. Teaching faculty have signed a part-time contract with MNUMS, and incentives are given in accordance with university policy; however, because there is no coordination between MNUMS and IGMH administration, there is no separate allocated time for teaching for consultants who work as faculties, and they must use their hospital duty time to teach.
- i. Clinical Departments of IGMH are not clear on what their role in teaching is or what is expected out of them.
  - Initial understanding of the clinical departments is that their role is to attend to the respective clinical posting and conduct an assessment at the end of the posting
  - A sudden request was made by the Dean of school of medicine, to the consultants in the major clinical departments to mark the early professional exam papers. From the department of Medicine when one refused, then another consultant approached for the same till someone agreed.
  - Similarly, the heads of the major clinical departments were again called by the Dean of School of medicine to release a consultant for 2 hours to make the question paper for the next early professional exam.
- j. Some departments are not clear regarding what happens to students who does not have 100 percent attendance during the clinical posting as per the school of medicine requirement as documented. They are also not clear whether the students are required to pass in the assessment at the end of the clinical posting and what happens if they do not.
  - Departments have made their individual rules to address the attendance issue.
  - As per the Department of Surgery, for those who had not attained 100 percent, they were told by MNU med school to accept attendances over 80 percent. It was conveyed though it is documented for school of medicine students to attain 100 percent attendance to sit the exam, MNU has an attendance policy of over 80percent to sit in the exam, so it is fine.

- Department of Surgery was told that even if the students fail in the assessment at the end of the posting, it is fine as long as they pass the early professional exam.
- k. No time allocated for teaching from the Hospital Administration. There is no role of hospital MD or CEO in issues related to clinical teaching. Each department functions separate where an administrative coordinator from MNUSM liaises with a designated administrator coordinator from the department.
    - This becomes more challenging when large number of students are posted at once as more consultants are required when the students are divided into smaller groups for bedside teaching.
    - Concern expressed by the departments that with no allocation for teaching, when the departments are understaffed
    - teaching would be compromised over OPDs and other services.
    - Department of Emergency medicine highlighted that when such large groups are posted, they may have to utilize medical officers for teaching purposes as only 2 consultants are available at a point of time.
  - l. Teaching departments lack support staff for teaching and research, and the hospital lacks adequate funding for research and teaching activities.
  - m. Departments do not conduct regular teaching performance assessments of teaching faculty, and there is no evidence of improvement plans based on performance assessments being implemented.
  - n. Department of Emergency medicine not ready for posting yet. No timetables drawn and not sure if large number posted, whether a consultant can be available for all students and may have to utilize medical officers for bedside teaching. ER consultants have not seen the curriculum yet, so are not aware of the content etc.
  - o. Students do not get adequate clinical exposure due to large group of students being posted in a department at a point of time, especially for the bedside teaching classes and case presentations due to insufficient student-patient ratio.
  - p. Due to the large number of students posted in the internal medicine department at the same time, supervisor to student ratio (1:6) and student to bed ratio (1:5) were compromised.
  - q. Concerns raised by Department of Medicine that the Content to be covered during the 3rd year posting is quite huge and almost impossible to cover during the period of posting.
  - r. Department of medicine and psychiatry have raised concerns that some students are having mental health ailments affecting their attendance and performance.
    - It is noted that there are Students on treatment for mental health ailments and some have presented repeatedly with self-harm, even warranting admission and treatment.
    - Many concerns have been raised regarding the selection process at intake of students, fitness to continue studies and practice medicine and policies regarding such issues whether the students have to declare their mental health issue, student support etc
  - s. Students have not yet been assigned to the paediatric department. Module coordinator is not yet allocated.
  - t. It is seen that the books contain UKM schedules for clinical posting and assessment. Some areas in UKM schedule not taught and not assessed during the clinical posting. Clinical departments who have organized their teaching and assessment timetables

- and schedules have shared them with MNUMS but these schedules have not been added to the log books.
- u. Concerns raised by Department of Psychiatry that the Content to be covered during the 3rd year posting is quite huge and almost impossible to cover during the period of posting.
    - Concerns from psychiatry department that huge topic such as substance use is given whereas so much falls under one topic like this, and they have no idea how much of content has to be delivered in the given time in addition to a community project which the students have to complete during the posting.
    - Psychiatry posting scheduled for October and department not ready with schedules and timetables. They have requested a meeting with med school as content huge and would not be able to cover it all during the posting including doing a community project as well.
    - Concerns that some topics given are very large eg: like substance abuse and so much content falls under this one topic, so they are not clear how much content to be covered
    - Concerns also voiced by the psychiatry department that it may be very challenging to post students in psychiatry OPD as Male' is a small place and most of the patients does not even want a clinical assistant's presence also during consultation. This issue needs to be discussed and addressed.
    - Only one or 2 psychiatrists have attended only 1 training organized by MNU/UKM and they are not trained for conducting assessment at the end based on the curriculum
  - v. Many concerns have been raised regarding the selection process at intake of students, fitness to continue studies and practice medicine and policies regarding such issues whether the students have to declare their mental health issue, student support etc
  - w. OT staff raised the issue that some students are unfamiliar with the operation theatre rules, such as sterilization, disinfection, and dress codes, making it difficult during some surgical interventions, indicating a lack of orientation to students before allowing them to enter the operation theatre.

#### Decisions of accreditation team

1. IGMH has the capacity to conduct medical education in terms of consultant availability, number of beds, bed occupancy, number of procedures, and availability of medical instruments and machineries; however, the hospital does not meet the accreditation standards for delivering primary medical education due to a lack of adequate administrative procedures and poor structural organization in terms of medical education mechanism.
2. MNU medical school should not intake new students for primary medical education programme until the hospital and MNUMS are ready for a provision accreditation.
3. MNUMS should reorganize the current first batch (4th year) academic structure and redistribute students to different departments within one month in order to meet the accreditation criteria for supervisor-to-student ratio (1:6) and student-to-bed ratio (1:5). Furthermore, the upcoming batches should also adhere to the aforementioned guidelines.



## Recommendations

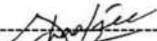
1. A signed affiliation agreement between the IGMH and the medical school must be amended. There should be a section defining the role and responsibilities of the overall focal point, and IGMH should have a designated focal point for medical education. Article 6 of the affiliation agreement must also be modified.
2. The administrative issues related to the primary medical education program should be managed by IGMH senior management as CEO, Medical Director, or an assigned senior focal point.
3. IGMH should create a teaching unit and a medical education management mechanism to oversee the entire medical education program at IGMH and coordinate with MNUMS.
4. Individual departments should not make their own rules to address the issue of attendance. MNUMS should have a general policy and set of rules for attendance, teaching, learning, and exam administration and it should be consistent with the approved curriculum.
5. Before posting a student, MNUMS should appoint module coordinators as well as an adequate number of full-time and part-time lecturers in each subject or module.
6. MNUMS should not assign an entire batch of students to a single subject at the same time; rather, students should be assigned to different departments in order to meet accreditation criteria for supervisor-to-student ratio (1:6) and student-to-bed ratio (1:5).
7. MNUMS should provide professional development or training to clinical faculty at IGMH in order to ensure effective teaching and proper student assessment. Before being appointed as a lecturer, all lecturers must complete the basic training for medical education and student assessment.
8. Before enrolling students in any module, MNUMS should provide curriculum, course outline, facilitators guide, teaching and learning objectives, logbooks, and other related documents that are adapted to the teaching hospital and clearly define the responsibility of clinical teaching faculty for each component to module coordinators and teaching faculty.
9. Before assigning students to modules, MNUMS should provide adequate orientation to the students.
10. Every Department should have a system in place for collecting formal student feedback.

## Accreditation assessment team


Dr. Mohamed Faisal (Team lead, member of MMDC)

Signature and date:  09/08/2022

Dr. Mohamed Shaafiee Abdul Munim (Team member, MMDC)

Signature and date:  10/08/2022

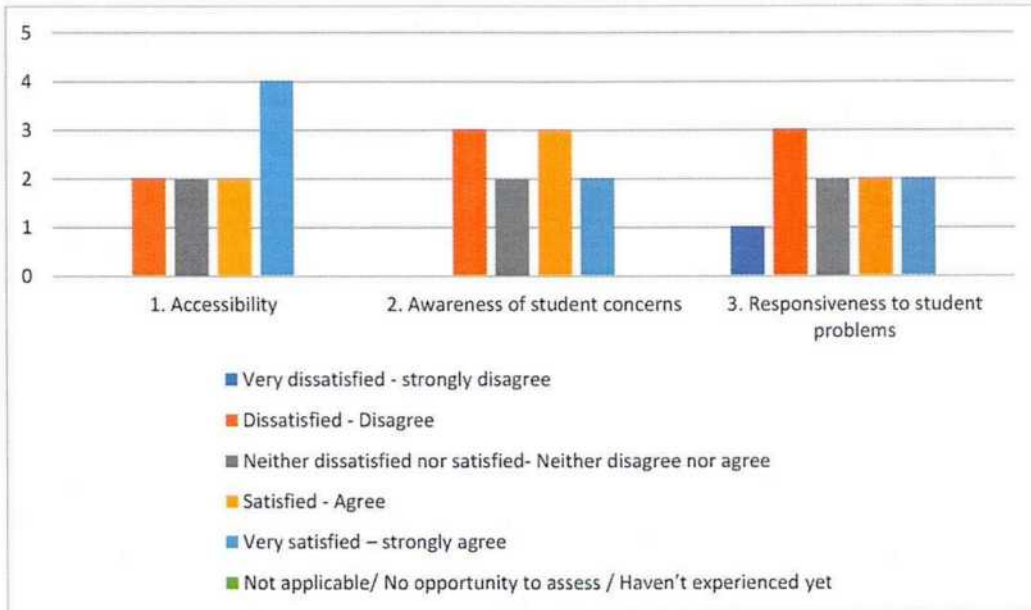
Dr. Fathimath Nadhiya (Team member, External Expert)

Signature and date:  31/08/2022

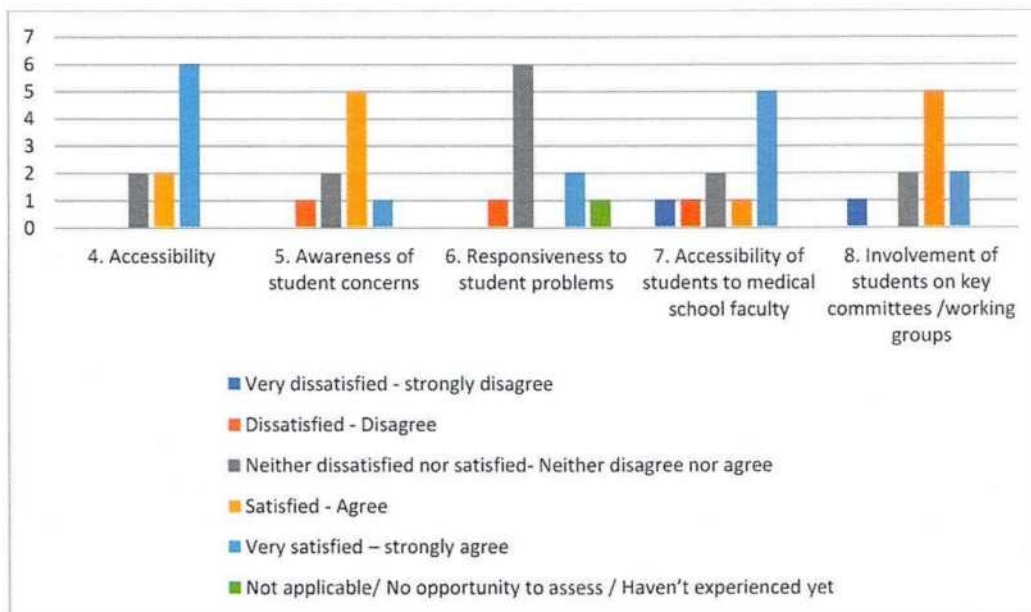
Ms. Mariyam Sudha (Team member, Representative from Maldives Qualification Authority)

Signature and date:  31/08/2022

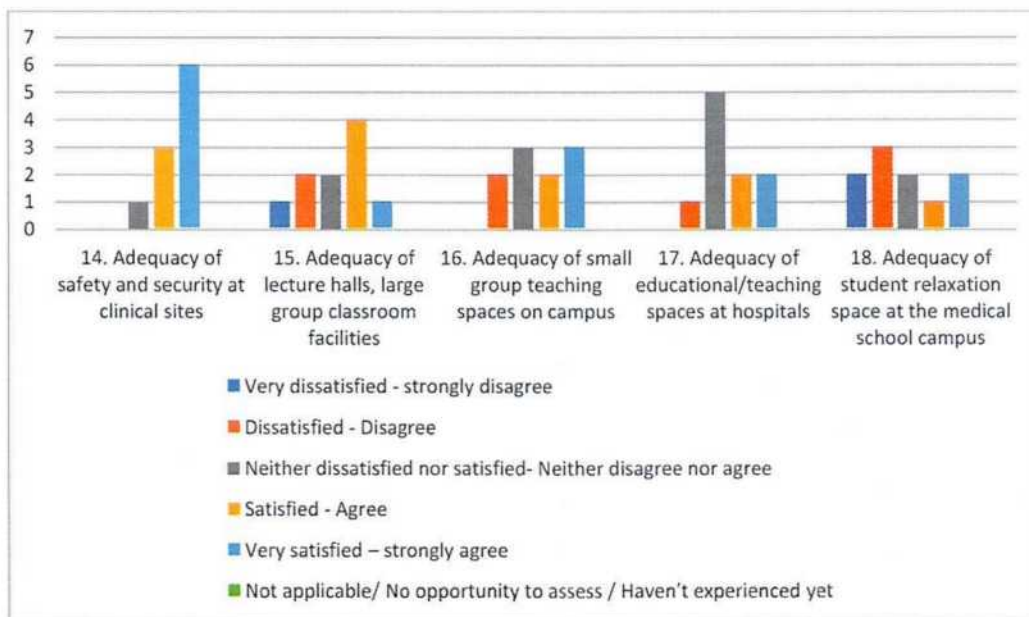
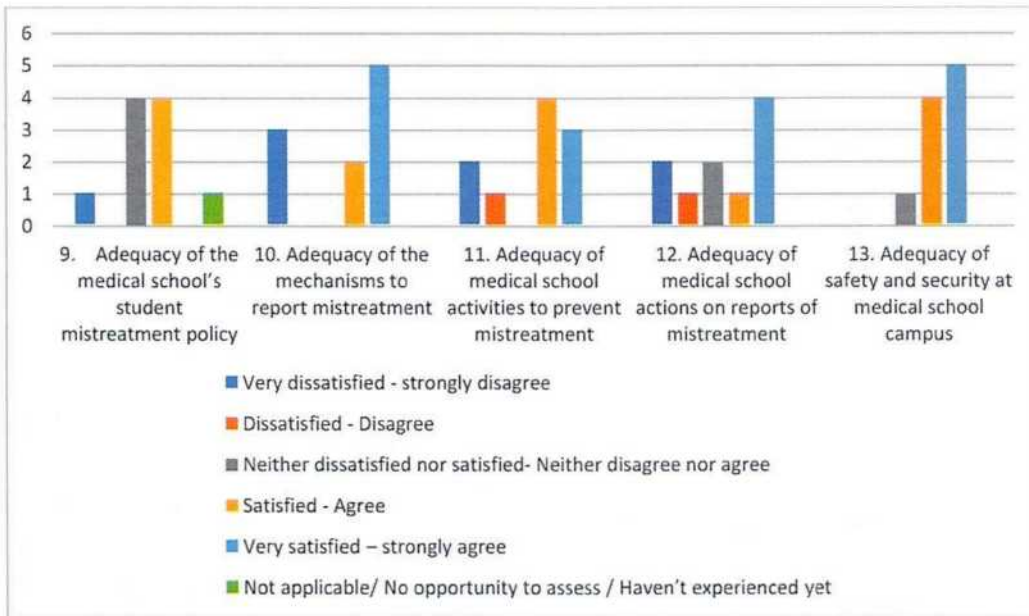
**Appendix 1: Survey for independent student analysis of medical student**  
Office of the Head of Student Affairs

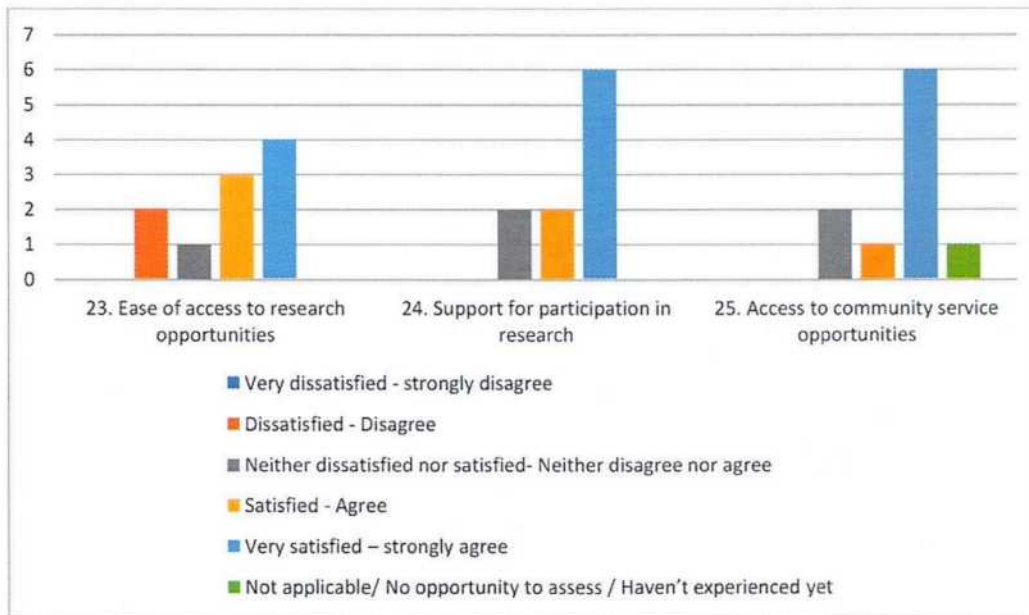
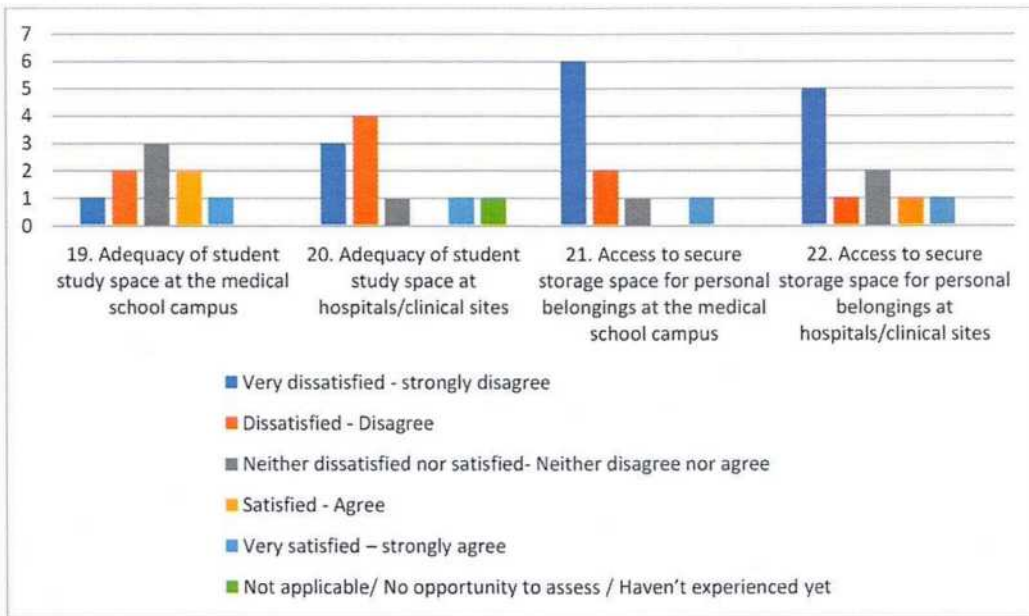


**Office of the Head of Educational/Academic Program**

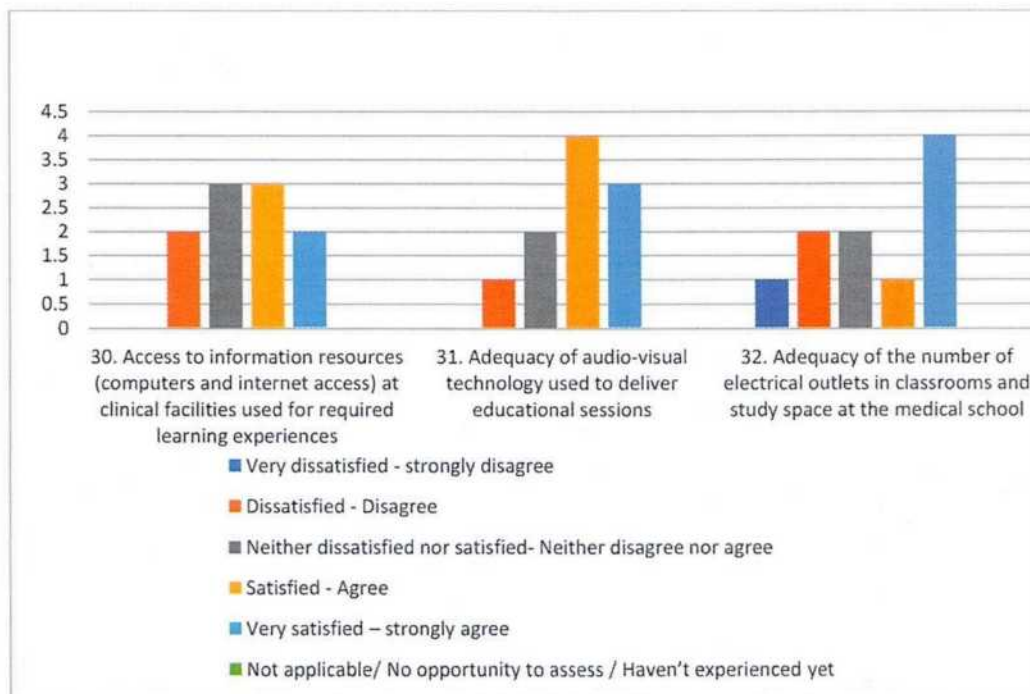
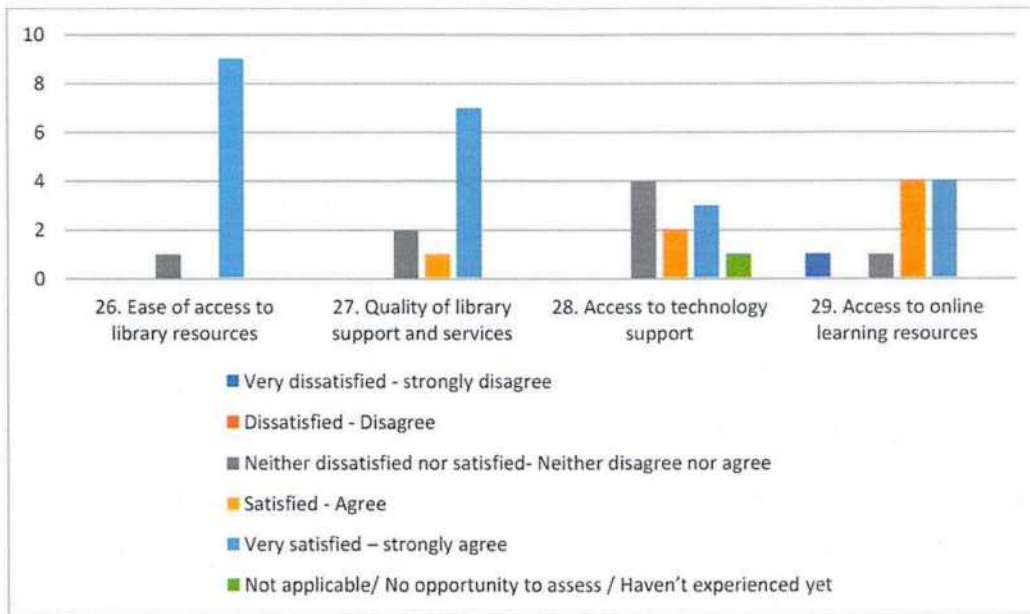


## LEARNING ENVIRONMENT AND FACILITIES

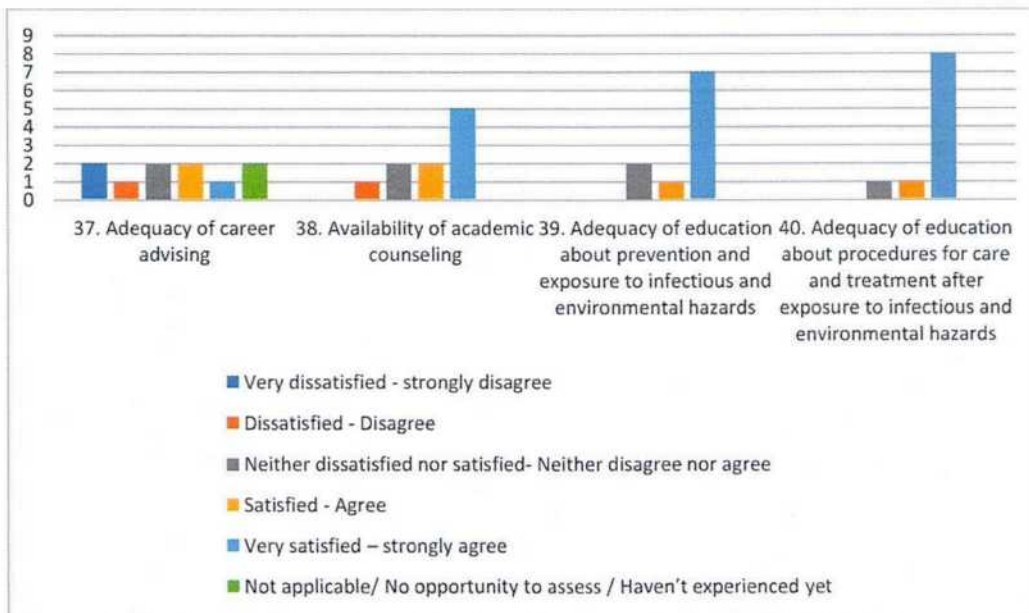
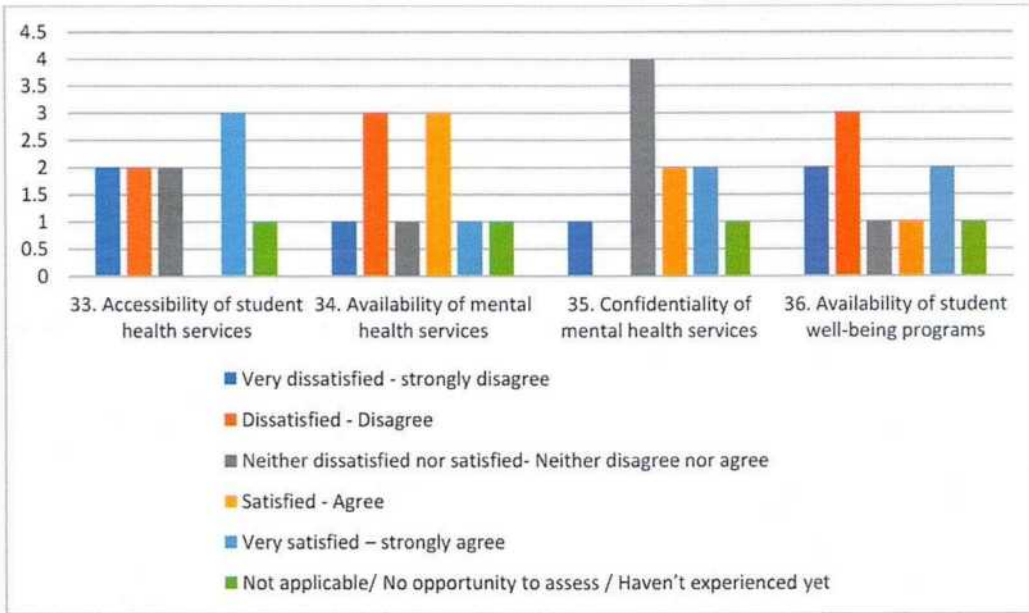




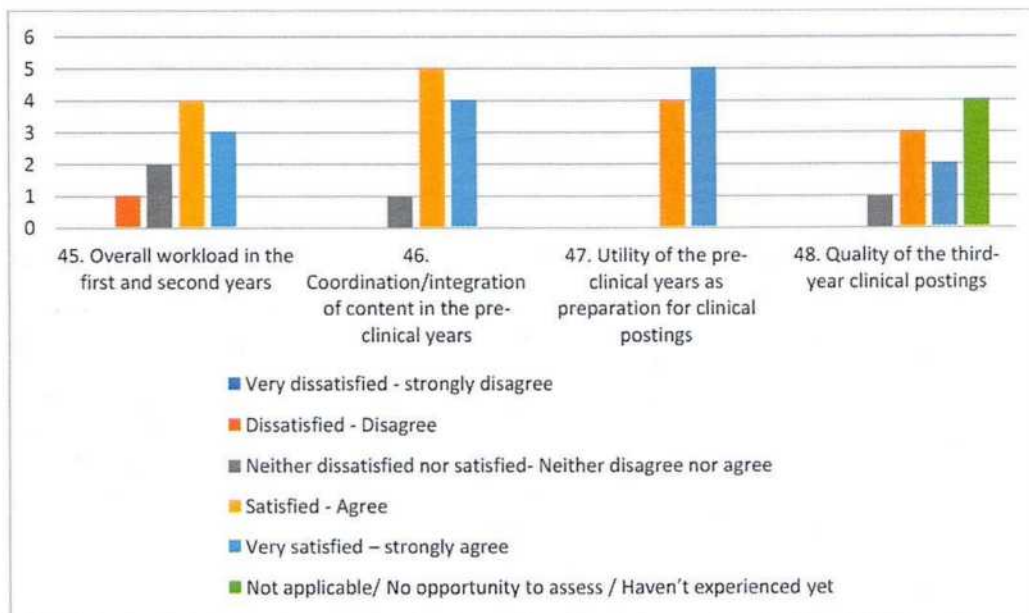
## LIBRARY AND INFORMATION RESOURCES



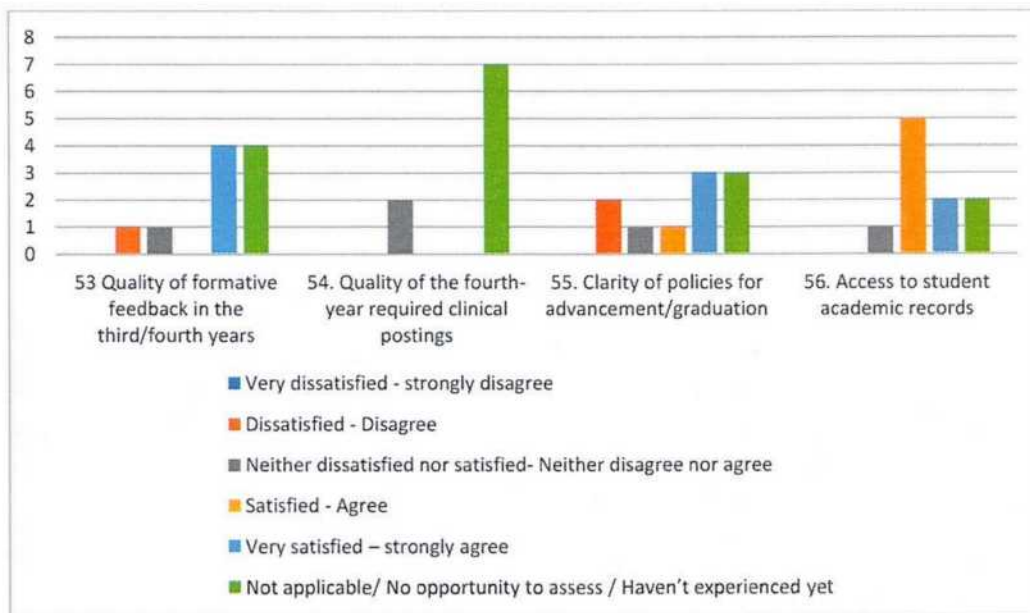
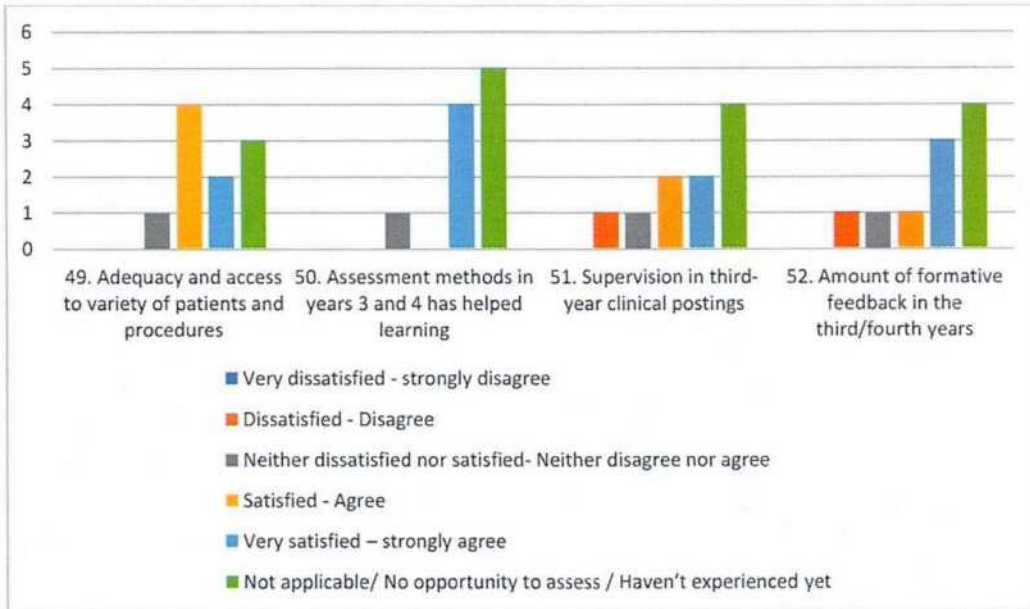
STUDENT SERVICES

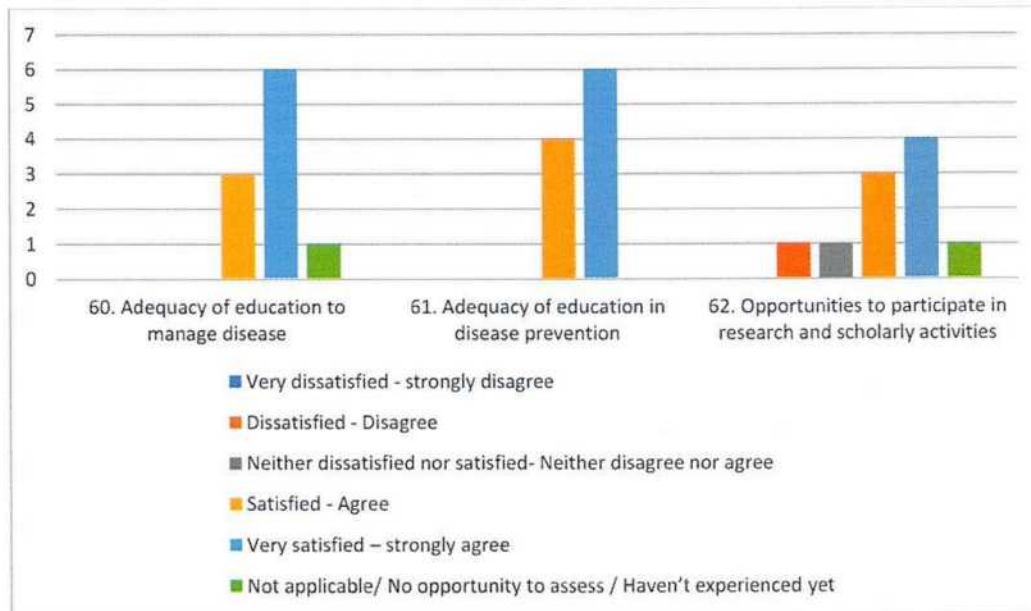
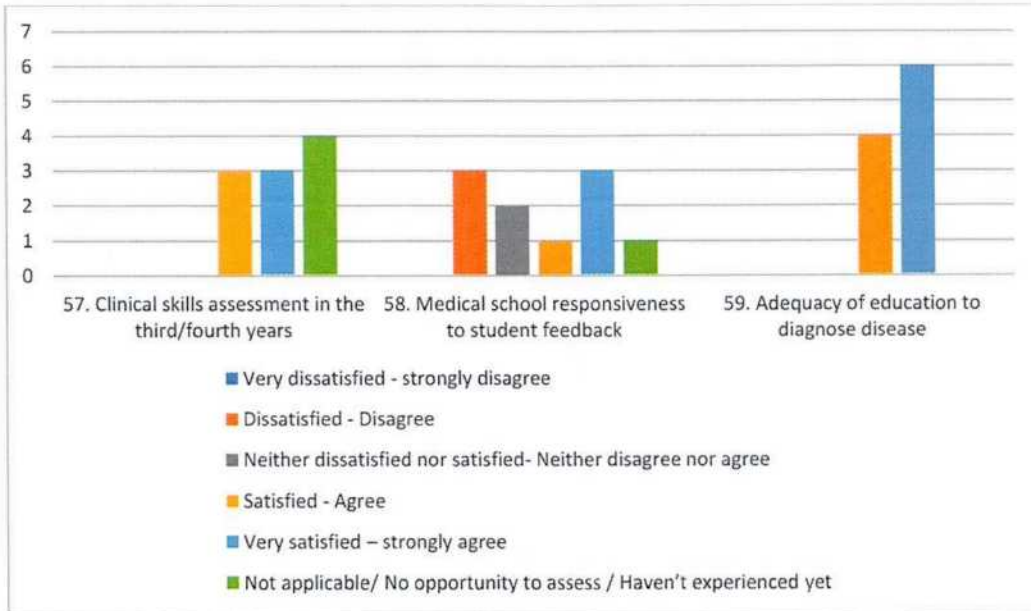


MEDICAL EDUCATION PROGRAM









Appendix 2: At the current capacity of IGMH, a possible sample of rotation of medical students for a batch of 30 students in different modules.

Student	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Wk 1	OBG							OBG							OBG							Orthopedics								
Wk 2	OBG							OBG							OBG							Orthopedics								
Wk 3	OBG							OBG							OBG							Orthopedics								
Wk 4	OBG							OBG							OBG							Orthopedics								
Wk 5	OBG							OBG							OBG							Orthopedics								
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Wk 26	OBG							OBG							OBG							Orthopedics								
Wk 27	OBG							OBG							OBG							Orthopedics								
Wk 28	OBG							OBG							OBG							Orthopedics								



Appendix 3: Accreditation assessment checklist of IGMH.

**MMDC ACCREDITATION CHECKLIST FOR MAIN TEACHING HOSPITAL OF GENERAL MEDICAL EDUCATION PROGRAMME**

Name of the Hospital:		Indira Gandhi Memorial Hospital		
For questions that cannot be answered by yes or no, record in the remarks.				
Evaluation Questions	Yes	No	Method of verification (e.g. observation; interviews; documents/statistics with source)	Remarks (notes from accreditation member, record name of interviewee)
<b><u>GENERAL MANAGEMENT</u></b>				
1 Is the teaching hospital affiliated with the medical school or owned by the medical school? [see agreement/MoU with medical school]	✓			Affiliated
2 Is the teaching hospital government or private? [see registration by MoH]				Government
3 Is there a formal affiliation agreement with a university? [view agreement/MoU with medical school]	✓			Anexes

4	Does the hospital provide general medical education or clinical internship or post graduate studies? [view agreement/MoU with medical school or accreditation by MMDC]	✓			
5	Are the subjects taught at the hospital defined? What are the subjects? What is the minimum contact hours? [view agreement/MoU with medical school]	✓			
6	Is the bed capacity at least 300? What is the number of annual admissions? [view hospital statistics]			390 beds / 13834 admissions in 2021	
7	Is total bed occupancy of the hospital at least 50% in the past 12 months? What is the average length of stay of patient. [view hospital statistics]	✓		???	
8	What is the number of ER visits /year? MMDC standard: 250 OPD for 50 students [view hospital statistics]	??600-800/day			
9	What is the number of specialists and medical officers for the subjects taught at the hospital? Does the hospital meet the minimum 1:6 ratio of teaching staff: student? [view documentation on teaching staff allocation and students accepted/observation]	✓			
10	Does the hospital have an orientation program for students? [view hospital teaching plan/schedule]	✓			Department orientation

11	Does the provided orientation program cover principles of infection control? <i>[view orientation schedule with areas covered]</i>	✓			??
12	Does the provided orientation program cover national public health programmes and quality standards? <i>[view orientation schedule with areas covered]</i>				
13	Does the provided orientation program cover recording and reporting of medical information at the hospital? <i>[view orientation schedule with areas covered]</i>	✓			
14	Does the provided orientation program cover the fire and safety prevention guidelines? <i>[view orientation schedule with areas covered]</i>		✓		
15	Does the hospital ensure privacy and confidentiality of the patient? <i>[see hospital policy documentation]</i>	✓			No documents
16	Is Wi-Fi internet available for students and faculty with adequate speed throughout the hospital? <i>[onsite observation]</i>	✓			

<b>TEACHING AND RESEARCH</b>		Information given by Dr. Iyaz			
17	Is there a designated person from the medical school for supervising teaching faculty? How frequently is the person on site for supervision? <i>[view documentation/onsite observation/interview with staff]</i>				Dr. Shanaz from IGMH / ? Dr. Nazeem supervising ,
18	Does the faculty that trains medical students have the required qualifications as per MMDC accreditation standards <i>[view documentation/onsite observation/interview with staff]</i>	✓			
19	Are there lecture halls, small group discussion rooms and conference rooms along with computing facilities to look up information and conduct statistical analyses. <i>[view documentation/onsite observation/interview with staff]</i>	✓			
20	Is the hospital equipped with internet educational equipment and is capable of tele-consultation. <i>[view documentation/onsite observation/interview with staff]</i>	✓			
21	Is evidence of their research and teaching effectiveness? <i>[view documentation/onsite observation/interview with staff]</i>				research committee



22	Are there necessary books and journals, has proper management of the library/e-library and has provided all the departments most updated library information. <i>[view documentation/onsite observation/interview with staff/students]</i>	✓			
23	Are teaching rounds held regularly (including bedside teaching and community outreach) and medical students attend these daily? <i>[view documentation/onsite observation/interview with staff/ students]</i>	✓	Interview		
24	Are the medical record writing (including admission notes, progress notes, discharge summaries and outpatient records, patient advice on prevention actions) of students is complete? <i>[view documentation/onsite observation/interview with staff/ students]</i>	✓			
25	Do teaching faculty review and revise students' medical record writing when necessary? <i>[view documentation/onsite observation/interview with staff]</i>	✓			students has to present
26	Is there a comprehensive medical student teaching and learning performance assessments and two-way feedback mechanism? <i>[view documentation/onsite observation/interview with staff/ students]</i>	✓			oral feedback
27	Are there academic seminars held and the content is helpful for the learning of students?. <i>[view documentation/onsite observation/interview with staff/students]</i>	✓			

28	Are there incentives to encourage medical professionals to participate in research for evidence based medicine and practice? <i>[view documentation/onsite observation/interview with staff]</i>		✓		
29	Are research ethics emphasised and authenticity of research publication verified? <i>[view documentation/onsite observation/interview with staff/ students]</i>				

	<b>CLINICAL FACULTY AND CME</b>	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation member, record name of interviewee)
30	Is there a unit responsible for medical education and research at the hospital? <i>[view documentation/onsite observation/interview with staff]</i>	✓			National health academy
31	Is there a designated person at the hospital coordinating the medical education within the hospital and with the medical school? <i>[view documentation/onsite observation/interview with staff]</i>		✓		Care

32	Is there a designated person at the respective department (specialty area) responsible to ensure learning outcomes of the taught subjects as met? Is this person trained in the specific specialty? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
33	Does the teaching faculty hold a postgraduate qualification in the specialty and hold a license the MMDC? [teaching faculty for clinical subjects - 100% teaching staff to be trained in the clinical specialty and for community medicines 50% of teaching staff] <i>[view documentation/onsite observation/interview with staff]</i>	✓			
34	Is there a faculty development system for physicians, which has been effectively operational. How many training were conducted prior to the initiation of the programme? <i>[view documentation/onsite observation/interview with staff]</i>	✓			Done with UKM once
35	Are teaching incentives given for teaching faculty at the hospital so as to encourage their dedication to teaching. <i>[view documentation/onsite observation/interview with staff]</i>		✓		

36	Are there CMEs on basic ability in general medicine (such as patient safety, health care quality, physician-patient communication, medical ethics and law, infection control, evidence-based medicine and medical record writing? <i>[view documentation/onsite observation/interview with staff]</i>	✓			CMEs conducting regularly weekly
37	Are there CME for the improvement of medical education management? <i>[view documentation/onsite observation/interview with staff]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation member, record name of interviewee)
	<b>ACADEMIC EXCHANGES AND COMMUNITY EDUCATION</b>				
38	Are there collaborations with other hospitals/health centres for academic exchange for faculty and students? <i>[view documentation/onsite observation/interview with staff]</i>		✓		

39	Does the hospital participate in epidemic control, national emergencies, and disaster relief? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
40	Does the hospital teaching unit and faculty participate in international health activities for teaching, advanced study and research? <i>[view documentation/onsite observation/interview with staff]</i>	✓			Not regularly
41	Does the hospital provide communications on health risk to community using evidence (hospital data and epidemiological analysis) <i>[view documentation/onsite observation/interview with staff]</i>	✓			
42	Does the teaching faculty at the hospital participate in health prevention and promotion activities with community groups/CSOs <i>[view documentation/onsite observation/interview with staff]</i>	✓			
43	Does the hospital contribute to National Health Programs? <i>[view documentation/onsite observation/interview with staff]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation member, record name of interviewee)
	<b>SAFETY MEASURES</b>				
44	Is there an emergency response plan at the hospital? Are mock emergency drills conducted? <i>[view hospital documentation/interview with staff]</i>	✓			
45	Does the hospital conduct mock fire evacuation drill? <i>[view hospital documentation/interview with staff]</i>		✓		
46	Does the hospital have a documented waste management program? <i>[view hospital documentation/interview with staff]</i>				Not available
47	Is infectious waste being segregated appropriately through colour coded bags, disinfected and disposed? (e.g. red, yellow, blue) <i>[view hospital documentation/interview with staff/observation]</i>				
48	Is inventory of hazardous material (chemical) maintained throughout the facility? <i>[view hospital documentation/interview with staff]</i>				
49	Is spill kit available to manage chemical/infectious/mercury spill? <i>[view hospital documentation/interview with staff]</i>				

50	Does all staff wear appropriate Personnel Protective Equipment PPEs during work? (e.g. gloves, masks, gowns, eye shield as applicable) <i>[onsite observation]</i>				
51	Are the biomedical gases being handled safely? Is there a standard protocol? <i>[view hospital documentation/interview with staff]</i>				
52	Is there a needle stick injury plan? <i>[view hospital documentation/interview with staff]</i>				
53	Are alternate sources of energy available in case of power failure to cater to the hospital's needs? <i>[interview with staff/onsite observation]</i>				
54	Is there a documented infection control program in the institution? <i>[view hospital documentation/interview with staff/onsite observation]</i>				
55	Is there a mechanism to ensure safety of staff and faculty while handling biological and hazardous materials? <i>[view hospital documentation/interview with staff]</i>				
56	Is there a mandatory Hepatitis B and COVID-19 vaccination policy for all health care workers and students? <i>[view hospital policy/interview with staff/students]</i>				
57	Is hand soap available in all hand washing stations/bathrooms? <i>[onsite observation]</i>				
58	Are alcohol rubs available at point of patient care with functioning dispensers? <i>[onsite observation]</i>				

59	Are disposable latex gloves available whenever needed for handling blood and body fluids or for contact precautions? <i>[onsite observation/interview with staff]</i>				
60	Are patients with pulmonary infectious diseases (E.g. TB, COVID-19) placed in a separate single room? <i>[on site observation/ view hospital documentation/interview with staff]</i>				
61	Does the hospital have a mechanism to discuss clinical cases to improve quality of clinical care and patient safety? <i>[on site observation/ view hospital documentation/interview with staff]</i>				
62	Are patient specimens handled correctly and transported safely? <i>[onsite observation]</i>				



	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation member, record name of interviewee)
	<b>ADMINISTRATION</b>				
63	Is there an specified unit within the organisation of the hospital with designated staff for medical education and research to ensure proper execution and resource allocation for medical education? <i>[view documentation of structure and JD]</i>	✓			NHA
64	Is there a medical education committee with defined function and roles? <i>[view hospital documentation with TOR]</i>		✓		No Medical education committee for the medical students
65	Do the teaching departments have supporting staff for teaching and research? [see hospital documentation; staff allocation, JDs]				
66	Are adequate funds allocated for research and teaching activities at the hospital? How much is allocated for teaching and research? <i>[view documentation on allocated budget]</i>		✓		
67	Do all teaching departments have regular teaching performance assessments of teaching faculty? <i>[view plan for PA and aspects covered in PA]</i>		✓		

68	Are improvement plans implemented based on the performance assessments? <i>[applicable at full accreditation/renewal - view documentation]</i>		✓		
69	Are there standards and procedures for students to access hospital resources, medical records and statistics for conducting research? <i>[hospital documentation/observation/interview with students]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation member, record name of interviewee)
70	<b>INPATIENT BED CAPACITY AND VOLUMES</b>				
71	Does the hospital have Obstetrics and Gynaecology specialty with a minimum of 40 inpatient beds (including a minimum of 8 delivery beds)? <i>[hospital statistics/onsite observation]</i>	✓			
72	Does the hospital have Paediatrics specialty with a minimum of 40 inpatient beds (including infant bed/cots)? <i>[hospital statistics/onsite observation]</i>		✓		32

73	Does the hospital have Internal Medicine specialty with a minimum of 40 inpatient beds? <i>[hospital statistics/onsite observation]</i>	✓		31
74	Does the hospital have Surgery specialty with a minimum of 40 inpatient beds (excluding postoperative recovery beds)? <i>[hospital statistics/onsite observation]</i>	✓		31
75	Does the hospital have Orthopaedics Surgery specialty with a minimum of 15 inpatient beds? <i>[hospital statistics/onsite observation]</i>	✓		31
76	Does the hospital have a minimum of 5 inpatient beds following specialties : Ophthalmology, ENT, Psychiatry, Dermatology	✓		Isolation 6 beds
77	Does the hospital have at a minimum of 5 inpatient beds for infectious diseases	✓		
78	Does the hospital have at least one of the following specialties with a minimum of 5 inpatient beds: Pulmonology, Rheumatology/ oncology/ endocrinology /nephrology/ hematology/ neurology/ geriatrics	✓		
79	Does the hospital have at least one of the following specialties with a minimum of 5 inpatient beds: Cardiac surgery/neurosurgery/ paediatric surgery/ Urology/plastic surgery/ thoracic surgery/maxillofacial surgery	✓		
80	Does the hospital have a minimum of 5 dialysis chairs?	✓		20

81	Does the hospital have Public health and/or Family medicine unit with a minimum of 5 ambulatory care beds? <i>[hospital statistics/onsite observation]</i>				
82	Does the hospital have Medical ICU/NICU with a minimum of 10 inpatient beds in each? <i>[hospital statistics/onsite observation]</i>	✓			ICCU 15, CCU 9
83	Does the hospital have Emergency department with a minimum of 10 inpatient beds? <i>[hospital statistics/onsite observation]</i>	✓			42
84	Does the hospital have at least 5% of all inpatient beds (not including Medical ICU and NICU) having cardiac monitor with slanted pulse, BP, ECG and Oxygen Saturation <i>[hospital statistics/onsite observation]</i>				
85	Does the hospital have at least 4 OTs fully functioning for general and obstetric surgeries? Are there any specialised OTs? <i>[hospital statistics/onsite observation]</i>	✓			
86	Does the hospital have minimum of 1000 procedures performed in the past 12 months in internal medicine and ICU care? <i>[procedures where a doctor is involved - hospital statistics/interview with staff]</i>				
87	Does the hospital have minimum of 1000 procedures performed in the past 12 months in paediatric and neonatal care? <i>[procedures where a doctor is involved - hospital statistics/interview with staff]</i>				

88	Does the hospital have a minimum of 4000 procedures in the past 12 months (2000 major and 2000 minor) in Anaesthesia? <i>[hospital statistics/interview with staff]</i>				
89	Does the hospital have a minimum of 400 vaginal deliveries (and minimum of 100 surgical deliveries) performed in the past 12 months? <i>[hospital statistics/interview with staff]</i>				
90	Does the hospital have a minimum of 1000 surgical procedures performed in the past 12 months in Gynaecology? <i>[hospital statistics/interview with staff]</i>				
91	Does the hospital have a minimum of 3000 surgical procedures performed in the past 12 months in General surgery? <i>[hospital statistics/interview with staff]</i>				
92	Does the hospital have a minimum of 250 surgical procedures performed in the past 12 months in Orthopaedic surgery? <i>[hospital statistics/interview with staff]</i>				
93	Does the hospital have a minimum of 250 surgical procedures performed in the past 12 months in the following specialties: Ophthalmology? <i>[hospital statistics/interview with staff]</i>				

	<b>OUT PATIENT VOLUMES</b>				Information collected from the statistics of President office as IGMH did not provided the statistics
94	Does the hospital have minimum OPD of more than 6,500 patients per month averaged for the past 12 months (78,000 per year)? <i>[hospital statistics/onsite observation/interview with staff]</i>	✓			
95	Does the hospital have minimum OPD (ambulatory) of more than 600 patients per month averaged for the past 12 months in A&E? <i>[hospital statistics/onsite observation/interview with staff]</i>	✓			
96	Does the hospital have minimum observations (clinical observations at ICU but not admitted) of more than 250 per month in the past 12 months in A&E? <i>[hospital statistics/onsite observation/interview with staff]</i>	✓			

97	Does the hospital have minimum OPD of more than 250 patients per month averaged for the past 12 months in each of the sub specialties taught (Orthopaedics, Ophthalmology, ENT, Pulmonology, Nephrology, Dermatology, Psychiatry)? [hospital statistics/onsite observation/interview with staff]	✓			
98	Does the hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in Gynaecology and Obstetrics? [hospital statistics/onsite observation/interview with staff]	✓			
99	Does the hospital have minimum OPD of more than 250 minor procedures (ambulatory care procedures in OPD) per month averaged for the past 12 months in Obstetric and gynaecology? [hospital statistics/onsite observation/interview with staff]				Internal Medicine alone is having around 1000 OPD patients per month but with related subspecialties the number of OPD patients are more than 1500
100	Does the hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in Internal medicine? [hospital statistics/onsite observation/interview with staff]	✓			
101	Does the hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in Paediatrics? [hospital statistics/onsite observation/interview with staff]	✓			

102	Does the hospital have minimum OPD of more than 1500 patients per month averaged for the past 12 months in General Surgery? <i>[hospital statistics/onsite observation/interview with staff]</i>	✓		
103	Does the hospital have minimum OPD of more than 250 minor procedures (ambulatory procedures in OPD) per month averaged for the past 12 months in General Surgery? <i>[hospital statistics/onsite observation/interview with staff]</i>	✓		
104	Does the hospital have minimum OPD of more than 250 in the past 12 months in community medicine/public health specialties (e.g. OPD based nutrition/ Family planning/tobacco cessation customers) ? <i>[hospital statistics/onsite observation/interview with staff]</i>			
105	Does the hospital have minimum home-based care of more than 250 in the past 12 months in community medicine/public health specialty? Or have an arrangement with another facility to provide home-based care for providing this service? <i>[hospital statistics/onsite observation/interview with staff]</i>			
106	Does the hospital have patient centred awareness and skill development sessions of atleast 10 in the past 12 months across the specialties? <i>[hospital statistics/onsite observation/interview with staff]</i>			



107	Does the hospital have a system of epidemiological/disease burden analysis of its patients over the past 12 months? <i>[hospital statistics/ onsite observation/ interview with staff]</i>	✓			
108	Are OPD rooms equipped with stethoscope, BP apparatus, thermometer, torch, tongue depressors, tape measures and examination tables and gloves <i>[onsite observation/interview with staff]</i>	✓			
109	Is bedside teaching in the wards among the teaching learning activities? <i>[onsite observation/interview with staff]</i>	✓			
110	Is ambulatory teaching in OPD among the teaching learning activities? <i>[onsite observation/interview with staff]</i>	✓			
111	Is community based teaching among the teaching learning activities? <i>[onsite observation/interview with staff]</i>				
112	Does the hospital have designated areas / demonstration rooms in OPD / IPD for teaching / evaluation of medical students? <i>[onsite observation/interview with staff]</i>	✓			
113	Does the hospital have designated areas for public health interventions? <i>[onsite observation/interview with staff]</i>				
114	Does the hospital have an inhouse radiology department? What services are provided on site? <i>[view hospital documentation/onsite observation/interview with staff]</i>	✓			

115	Does the hospital have a medical laboratory department? What type of tests are done inhouse? <i>[view hospital documentation/onsite observation/interview with staff]</i>	✓				
116	Does the hospital have a pharmacy for inpatients and outpatients patients? <i>[view hospital documentation/onsite observation/interview with staff]</i>	✓				
117	Do all the pharmacies at the hospital have trained and qualified pharmacists, with minimum qualification <i>[view hospital documentation/onsite observation/interview with staff]</i>	✓				

Evaluation Questions		Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
<b>LABORATORY &amp; RADIOLOGY</b>					
118	Does the hospital have more than an average of 300 haematology tests performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	Daily average of 1,500 / per month 45,000
119	Does the hospital have more than an average of 30 units of blood provided by blood bank per month, in the past 12	✓		Interview and stats	Daily average of 20 units / per month around 600
					Information was given by Fathimath Ibrahim Manik [Lab Quality Manager]

120	months? <i>[hospital statistics/interview with staff]</i> Does the hospital have more than an average of 1000 biochemical tests performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	Daily average of 9,000 tests/ per month average of 270,000 tests	
121	Does the hospital have more than an average of 150 microbiology tests performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	Daily average of 125 tests / per month 3,750 tests	
122	Does the hospital have more than an average of 1000 Xrays performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	Daily average 400 tests / per month 12,000 tests	
123	Does the hospital have more than an average of 1000 USGs performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	Jan - 800 / Feb - 1006 / Mar - 1006/ per month - average of 900 to 1000	Information was given by Dr. Fathimath Muflih [Radiologist]
124	Does the hospital have more than an average of 150 CTs performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓		Interview and stats	An average of 400 to 500 CTs per month	

125	Does the hospital have more than an average of 50 MRIs performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓	Interview and stats	An average of 400 to 500 MRIs per month / As of May it was 570 MRIs
126	Does the hospital have more than an average of 50 Mammographies performed every month, in the past 12 months? <i>[hospital statistics/interview with staff]</i>	✓	Interview and stats	Per month- 30 to 50 / As of May it was 54 Mammographies

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>ACCIDENT AND EMERGENCY DEPARTMENT</b>				
127	Does the hospital have an operational emergency department working 24 hours a day, 7 days a week? <i>[onsite observation/interview with staff/patients/students]</i>	✓			
128	Is the emergency department easily accessible to patients? <i>[onsite observation]</i>	✓			
129	Does the hospital define a patient prioritization process? (triage) <i>[onsite observation/interview with staff/patients/students]</i>	✓			

130	Is the emergency department head aware of his/her responsibilities for teaching and learning of medical students? [view documentation/onsite observation/interview with staff]		✓		
131	Is there a timetable for students for clinical rotation/clerkship in emergency department? [hospital documentation (time table)/onsite observation/interview with staff/ students]		✓		
132	Are there appropriate resuscitation services available in the emergency department? [onsite observation]	✓			
133	Is there a designated procedure room for the emergency department [onsite observation]	✓			
134	Is the supervisor to student ratio appropriate in the emergency department? (MMDC requirement is 1:6) [view documentation/onsite observation]		✓		
135	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/log books? [view documentation/onsite observation]		✓		
136	Is the learning supervised to ensure patient and student safety? [view documentation/onsite observation]		✓		
137	Are the students comfortable with the learning experience provided in the emergency department? [view documentation/onsite observation/student interviews]				

138	Are there any physician/staff with valid ACLS certification? [view documentation/onsite observation]	✓			
139	Are there any physician/staff with valid APLS certification? [view documentation/onsite observation]	✓			
140	Are there any physician/staff with valid ATLS certification? [view documentation/onsite observation]	✓			
141	Does the ER have at least 1 facility for resuscitation including crash cart (Defibrillator) and a cubicle for patient with central oxygen, suction and monitoring facilities functional and in use?(essential) [onsite observation]	✓			
142	Does the ER have at least 3 beds with monitoring facilities available, functional and in use? [onsite observation]	✓			
143	Is there a minor operating theatre available, functional and in use? [onsite observation]	✓			
144	Does the ER have ambu bags for infants, paediatric patients and adult patients available, functional and in use? [onsite observation]	✓			
145	Does the ER have suction machines available, functional and in use? [onsite observation]	✓			
146	Are relevant quality indicators identified and monitored by the department? [view documentation/onsite observation]		✓		

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>MEDICINE</b>				
147	Does the hospital have a fully functional medical ward equipped with stethoscopes, BP apparatus, pulse oximeters, glucometers, thermometers, nebulizers, torches, hammers, measuring tape <i>[onsite observation]</i>	✓			31 beds
148	Is the medical ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? <i>[view documentation/onsite observation]</i>	✓			
149	Is the Medical department head aware of his/her responsibilities for teaching and learning of medical students? <i>[view documentation/onsite observation/interview with staff]</i>		✓		
150	Is there a timetable for students for clinical rotation/clerkship in the Medical Unit? <i>[view documentation/onsite observation]</i>	✓			
151	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation]</i>		✓		

152	Are the students comfortable with the learning experience provided in the Medical department? <i>[view documentation/onsite observation/ interview with students]</i>				
153	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides/log book? <i>[view documentation/onsite observation]</i>	✓			
154	Is the supervisor to student ratio appropriate? [MMDC standard 1:6] <i>[view documentation/onsite observation]</i>	✓			
155	Are there relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation]</i>	✓			
156	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/interview with staff]</i>		✓		
157	Is there a designated procedure room? <i>[view documentation/onsite observation]</i>		✓		
158	Are there appropriate resuscitation services available? <i>[view documentation/onsite observation]</i>		✓		
159	Does the medical ward have one ECG machine, cardiac monitors defibrillator available, functional and in use <i>[view documentation/onsite observation]</i>		✓		



160	Does the department have at least one video endoscopic system with upper and lower sets available, functional and in use?	✓			
161	Does the department have at least one 2D echocardiograph with colour doppler available in use [view documentation/onsite observation]	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>SURGERY</b>				
162	Does the hospital have a fully functional surgical ward? [view documentation/onsite observation]	✓			31 bed
163	Is the department covered by sufficient trained surgeons, nurses and other staff 24/7, as evident by duty roster of the department? [view documentation/onsite observation]	✓			
164	Is the department head aware of his/her responsibilities for teaching and learning of medical students? [view documentation/onsite observation/interview with staff]		✓		

165	Is there a timetable for students for clinical rotation/clerkship in Department? <i>[view documentation/onsite observation]</i>	✓			
166	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
167	Are the students comfortable with the learning experience provided in the department? <i>[[view documentation/onsite observation/interview with staff/ students]</i>				
168	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides? <i>[view documentation/onsite observation]</i>	✓			
169	Is the supervisor to student ratio appropriate? <i>[view documentation/onsite observation]</i>	✓			
170	Are there any surgeon/staff with valid ATLS certification? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
171	Are appropriate resuscitation services available? <i>[view documentation/onsite observation]</i>	✓			
172	Is there a designated procedure room? <i>[view documentation/onsite observation]</i>	✓			
173	Does the hospital have at least 8 basic standard surgical sets available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			

174	Does the hospital have at least 1 paediatric surgery set available, functional and in use? <i>[view documentation/onsite observation]</i>				
175	Does the hospital have at least 1 thoracic surgical set available, functional and in use? <i>[view documentation/onsite observation]</i>				
176	Does the hospital have at least 1 vascular surgical set available, functional and in use? <i>[view documentation/onsite observation]</i>				
177	Does the hospital have at least 1 fibre optic colonoscope or flexible sigmoidoscope available, functional and in use? <i>[view documentation/onsite observation]</i>				
178	Does the hospital have at least 1 microsurgical instrument set available, functional and in use? <i>[view documentation/onsite observation]</i>				
179	Does the hospital have at least 1 transurethral resection of prostate surgical set available, functional and in use? <i>[view documentation/onsite observation]</i>				
180	Does the hospital have at least 1 cystoscope available, functional and in use? <i>[view documentation/onsite observation]</i>				
181	Does the hospital have at least one fibreoptic oesophagoscope/gastroscope available, functional and in use? <i>[view documentation/onsite observation]</i>				

182	Does the hospital have at least 1 fibre optic bronchoscope available, functional and in use? <i>[view documentation/onsite observation]</i>				
183	Are relevant quality indicators (safe surgery indicators) identified and monitored by the department? <i>[view documentation/onsite observation/interview with staff]</i>				

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>OBSTETRICS AND GYNAECOLOGY</b>				
184	Does the hospital have a fully functional and equipped OBGYN ward? <i>[view documentation/onsite observation]</i>	✓			38 beds
185	Is the ward covered by sufficient trained doctors, nurses and other staff 24/7, as evident by duty roster of the unit? <i>[view documentation/onsite observation]</i>	✓			Number of Specialists (12) Medical Officers ( ), Clinical Nurses ( ) Senior Registered Nurses ( ) Registered Nurses ( ) Enrolled Nurses ( )
186	Is the department head aware of his/her responsibilities for teaching and learning of medical students? <i>[view documentation/onsite observation/interview with staff]</i>		✓		

187	Is there a timetable for students for clinical rotation/clerkship in the department? <i>[view documentation/onsite observation]</i>	✓			
188	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/interview with staff/ students]</i>	✓			Due to large number of the students, not supervised in all areas, sometimes students left alone
189	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/interview with staff/ students]</i>				
190	Are the student study guides available and implemented? <i>[view documentation/onsite observation]</i>	✓			
191	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides? <i>[view documentation/onsite observation]</i>	✓			
192	Is the supervisor to student ratio appropriate? <i>[Mac standard 1:6] [view documentation/onsite observation]</i>	✓			
193	Are there relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/interview with student staff]</i>		✓		
194	Are there any physician/staff with valid neonatal resuscitation program certification?				All deliveries are attending by pediatric team and they have staff with valid neonatal resuscitation program certification

195	Is there a designated procedure room? <i>[view documentation/onsite observation]</i>	✓			
196	Are there appropriate resuscitation services available?	✓			
197	Does the hospital ensure privacy and confidentiality of the patient? <i>[view documentation/onsite observation/interview with staff/ patients/ students]</i>	✓			
198	Does the department have a colposcope available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
199	Does the department have at least 1 hysteroscope available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
200	Does the hospital have at least 1 laparoscopic surgical sets with camera and monitors available, functional and in use?	✓			Sharing with general surgery
201	Does the department have at least 8 delivery tables available, functional and in use? <i>[view documentation/onsite observation]</i>				6
202	Does the department have at least 2 CTG machines available, functional and in use? <i>[view documentation/onsite observation]</i>				4
203	Does the department have outlet forceps, vacuum ventouse cups and manual vacuum aspirators available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			

204	Does the hospital have at least 5 dilatation and Evacuation sets (D&C) available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
205	Does the hospital have at least 5 Caesarean section sets available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
206	Does the hospital have at least 20 perineal/vaginal/cervical repair sets available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
207	Does the department have at least 20 Sims and Cusco's speculum available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			
208	Does the department have at least adequate equipment for family planning available, functional and in use? <i>[view documentation/onsite observation]</i>	✓			In RHC
209	Does the department have at least 2 teaching dummies and anatomical pelvis models available, functional and in use? <i>[view documentation/onsite observation]</i>		✓		one pelvic model

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>PAEDIATRICS</b>				
210	Does the hospital have a fully functional and equipped ward? <i>[view documentation/onsite observation]</i>	✓			
211	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? <i>[view documentation/onsite observation]</i>	✓			Number of Specialists ( ) Medical Officers ( ), Clinical Nurses ( ) Senior Registered Nurses ( ) Registered Nurses ( ) Enrolled Nurses ( )
212	Is the unit head aware of his/her responsibilities for teaching and learning of medical students? <i>[view documentation/onsite observation/interview with staff]</i>		✓		1st Dr. Areed was appointed as a module coordinator, then Dr. Ashfa and now ? Dr. Nusaiba
213	Is there a timetable for students for clinical rotation/clerkship in department? <i>[view documentation/onsite observation]</i>	✓			
214	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
215	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with staff/ students]</i>				





216	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation]</i>				Coordinator has the module guide / Till now nor available
217	Is the supervisor to student ratio appropriate? <i>[view documentation/onsite observation]</i>	✓			
218	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
219	Are there any paediatrician /staff with valid APLS certification? <i>[view documentation/onsite observation]</i>	✓			
220	Is there a designated procedure room? <i>[onsite observation]</i>	✓			
221	Are appropriate resuscitation services available? <i>[onsite observation/interview with staff]</i>	✓			
222	Does the hospital have a fully functioning paediatric ICU / neonatal ICU <i>[onsite observation]</i>	✓			No PICU
223	Does the department have weighing scales, and length/height measuring scales available for infants and children ? <i>[onsite observation]</i>	✓			
224	Does the department have 2 ultrasonic nebulizers available, functional and in use? <i>[onsite observation]</i>	✓			
225	Does the department have pulse oximeter and infusion pumps available <i>[onsite observation]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>ORTHOPAEDICS</b>				
226	Does the hospital have a fully functional and equipped orthopedics ward? [view documentation/onsite observation]	✓			
227	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the unit? [view documentation/onsite observation]	✓			Number of Specialists (7) Medical Officers (8), Clinical Nurses ( ) Senior Registered Nurses ( ) Registered Nurses ( ) Enrolled Nurses ( )
228	Does the unit have a clearly defined hierarchical structure? [view documentation/interview with staff]	✓			
229	Is the unit head aware of his/her responsibilities? [view documentation/interview with staff]	✓			
230	Is there a timetable for students for clinical rotation/clerkship in department? [view documentation/onsite observation]				
231	Does the hospital provide unit specific orientation to the students? [view documentation/onsite observation/interview with staff/ students]	✓			

232	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/interview with staff/patients]</i>	✓			No Documents
233	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/interview with students]</i>				
234	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides? <i>[view documentation/onsite observation/interview with staff/ students]</i>	✓			
235	Is the student to supervisor ratio appropriate? <i>[view documentation/onsite observation]</i>	✓			
236	Are there any physician/staff with valid ATLS certification? <i>[view documentation/interview with staff]</i>		✓		
237	Is there a designated procedure room? <i>[view documentation/onsite observation]</i>	✓			
238	Are appropriate resuscitation services available? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>Nephrology/Pulmonology/Gastroenterology/ Cardiology/Psychiatry</b> (choose any one for the visit)				
239	Does the hospital have a fully functional ward? [view documentation/onsite observation]				
240	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? [view documentation/onsite observation/interview with staff]				Number of Specialists ( ) Medical Officers ( ), Clinical Nurses ( ) Senior Registered Nurses ( ) Registered Nurses ( ) Enrolled Nurses ( )
241	Does the department have a clearly defined hierarchical structure? [view documentation/interview with staff]				
242	Is the department head aware of his/her responsibilities? [view documentation/interview with staff]				
243	Is there a timetable for students for clinical rotation/clerkship in department? [view documentation/onsite observation/ interview with staff/students]				
244	Is the learning supervised to ensure patient and student safety? [view documentation/onsite observation/ interview with staff/students]				

245	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
246	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
247	Is the student to supervisor ratio appropriate? <i>[view documentation/onsite observation/ interview with staff]</i>				
248	Does the department define and measure patient length of stay? <i>[view documentation/onsite observation/ interview with staff]</i>				
249	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/ interview with staff]</i>				
250	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/ interview with staff]</i>				
251	Is there a designated procedure room? <i>[view documentation/onsite observation/ interview with staff]</i>				
252	Are appropriate resuscitation services available? <i>[view documentation/onsite observation/ interview with staff]</i>				

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>Urology/Neurosurgery/Cardiothoracic/ Plastic Surgery</b> (choose any one for visit)	Neurosurgery			
253	Does the hospital have a fully functional ward? [view documentation/onsite observation]		✓		
254	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? [view documentation/onsite observation/interview with staff]				one neurosurgeon
255	Does the department have a clearly defined hierarchical structure? [view documentation/interview with staff]	✓			With general Surgery
256	Is the department head aware of his/her responsibilities? [view documentation/interview with staff]	✓			
257	Is there a timetable for students for clinical rotation/clerkship in department? [view documentation/onsite observation/ interview with staff/students]				No separate time table for neurosurgery

258	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/ interview with staff/students]</i>	✓			
259	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
260	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
261	Is the student to supervisor ratio appropriate? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
262	Does the department define and measure patient length of stay? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
263	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
264	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
265	Is there a designated procedure room? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			



266	Are appropriate resuscitation services available? [view documentation/onsite observation/interview with staff]	✓		
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Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, name of interviewee)
	Ophthalmology			
<b>ENT , OPHTHALMOLOGY (choose any one)</b>				
267 Does the hospital have a fully functional ward? [view documentation/onsite observation]	✓			Shared with ENT and Orthopedics
268 Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? [view documentation/onsite observation/interview with staff]	✓			4 ophthalmologists
269 Does the department have a clearly defined hierarchical structure? [view documentation/interview with staff]	✓			
270 Is the department head aware of his/her responsibilities? [view documentation/interview with staff]		✓		Study guide not provided

Informations are given by Dr. Fathimath Shaamaly Jaufar

271	Is there a timetable for students for clinical rotation/clerkship in department? <i>[view documentation/onsite observation/ interview with staff/students]</i>	✓		
272	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/ interview with staff/students]</i>	✓		
273	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with staff/students]</i>			
274	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation/ interview with staff/students]</i>			
275	Is the student to supervisor ratio appropriate? <i>[view documentation/onsite observation/ interview with staff]</i>			
276	Does the department define and measure patient length of stay? <i>[view documentation/onsite observation/ interview with staff]</i>		✓	

277	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/ interview with staff]</i>	✓				
278	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/ interview with staff]</i>	✓				
279	Is there a designated procedure room? <i>[view documentation/onsite observation/ interview with staff]</i>		✓		No designated room but defined space allocated	
280	Are appropriate resuscitation services available? <i>[view documentation/onsite observation/ interview with staff]</i>		✓			
281	Does the hospital have a fully functional ward? <i>[view documentation/onsite observation]</i>					
282	ENT- Is there at least 1 Auroscope available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			Interview	2 available x 2opds
283	ENT -Is there 1 rigid endoscopes with all accessories available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			Interview and observation	different sizes are available [kids, adults, rigid].

Information is given by Dr. Shifaz. Coordinator, Dr. Fathimath Seena. Five Maldivian doctors are teaching. According to Dr. Shifaz, he is not sure that the medical school has passed the curriculum, facilitator

guide etc. Information regarding the agreement of the teachers the medical school are unknown and all the five doctors has attended by sessions conducted by the medical school.

284	ENT -Is an Audiometer available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	1 audiometer.
285	ENT -Are there Microscope instrument sets for tympanoplasty, and Rhinoplasty available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	No rinoplasty. Microscope instruments are available. Tympanoplasty is available.
286	ENT -Is there 1 instrument Set for tonsillectomy available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	Available.
287	ENT -Is there 1 instrument Set for maxilloidectomy available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	Maxioidectomy is available.
288	ENT -Is there 1 Set for FESS available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	(FESS) Functional Endoscopic Sinus Surgery is available.
289	ENT-Is there Air Drill with all accessories available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓		Interview and observation	Yes.

290	EYE- Does the department have 1 Keratometer (Manual) available, functional and in use? [view documentation/onsite observation/ interview with staff]	✓			
291	EYE- Does the department have 1 Autorefracto/Keratometer available, functional and in use? [view documentation/onsite observation/ interview with staff]	✓			
292	EYE- Does the department have 1 Phacoemulsification unit available, functional and in use? [view documentation/onsite observation/ interview with staff]	✓			
293	EYE- Does the department have 1 Slit lamp with applanation tonometer available, functional and in use? [view documentation/onsite observation/ interview with staff]	✓			
294	EYE- Does the department have 1 Ultrasound A-scan bio-meter available, functional and in use? [view documentation/onsite observation/ interview with staff]	✓			was available but at present not functioning
295	EYE- Does the department have 1 Ultrasound B-scan available, functional and in use? [view documentation/onsite observation/ interview with staff]				

296	EYE- Does the department have 1 indirect and direct ophthalmoscope available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
297	EYE- Does the department have 1 Retinoscope available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
298	EYE-Does the department have 1 Tiral lens set with trial frame available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
299	EYE-Does the department have Prism bars, vertical/horizontal available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
300	EYE-Does the department have 1 Lensometer manual available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
301	EYE-Does the hospital have 1 electro-surgical diathermy unit (Mono/Bipolar) available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>		✓		

302	EYE-Does the department have 1 Manual visual field analyzer Bjerrum screen) available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			
303	EYE-Does the department have 1 automated visual field analyzer Bjerrum Screen available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓			

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>Psychiatry</b>				
304	Does the hospital have a fully functional ward? <i>[view documentation/onsite observation]</i>				
305	Is the ward covered by sufficient trained physicians, nurses and other staff 24/7, as evident by duty roster of the department? <i>[view documentation/onsite observation/interview with staff]</i>				

306	Does the department have a clearly defined hierarchical structure? <i>[view documentation/interview with staff]</i>				
307	Is the department head aware of his/her responsibilities? <i>[view documentation/interview with staff]</i>				
308	Is there a timetable for students for clinical rotation/clerkship in department? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
309	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
310	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
311	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation/ interview with staff/students]</i>				
312	Is the student to supervisor ratio appropriate? <i>[view documentation/onsite observation/ interview with staff]</i>				
313	Does the department define and measure patient length of stay? <i>[view documentation/onsite observation/ interview with staff]</i>				



314	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/interview with staff]</i>					
315	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/interview with staff]</i>					
316	Is there a designated procedure room? <i>[view documentation/onsite observation/interview with staff]</i>					
317	Are appropriate resuscitation services available? <i>[view documentation/onsite observation/interview with staff]</i>					

Evaluation Questions		Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
318	<b>Dermatology</b> Does the hospital have at least 3 electrocautery machines available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>		✓	Interview and observation	1 machine.  Information was given by Dr. Luhshan and Dr. Reeman. Three Maldivian doctors

319	Does the department have magnifying glasses with fluorescent lamps available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓	Interview and observation	No fluorescent lamp. Magnifying glass is available.	are teaching, they are- Dr. Lushan, Dr. Reeman and Dr. Mahfoza. All the information has been passed to them by the medical school. They used to prepare the question papers with answers which has been sent to the medical school.
320	Does the department have at least 3 wood lamps available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓	Interview and observation	No wood lamps.	Information regarding the agreement of the teachers the medical school are unknown and all the three doctors has attended sessions conducted by the medical school.
321	Does the department have at least 1 PUVA machine available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓	Interview and observation	PUVA machine is not available but phototherapy machine is available.	
322	Does the department have at least 1 UVB machine available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓	Interview and observation	UVB combined phototherapy machine.	
323	Does the hospital have at least 6 biopsy sets available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓	Interview and observation	Biopsy sets are available.	
324	Does the hospital have at least 3 liquid nitrogen cylinders for cryo available, functional and in use? <i>[view documentation/onsite observation/ interview with staff]</i>	✓	Interview	Not available.	

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>COMMUNITY MEDICINE/FAMILY MEDICINE</b>				
325	Does the hospital have a fully functional and equipped department for community/public health? <i>[view documentation/onsite observation]</i>				
326	Is the service covered by sufficient trained public health specialists, public health trained nurses and community health workers daily, as evident by duty roster of the unit? <i>[view documentation/onsite observation]</i>				
327	Is the unit head aware of his/her responsibilities for teaching and learning of medical students? <i>[view documentation/onsite observation/interview with staff]</i>				
328	Is there a timetable for students for clinical rotation/clerkship in department? <i>[view documentation/onsite observation]</i>				
329	Does the hospital provide unit specific orientation to the students? <i>[view documentation/onsite observation/interview with staff/ students]</i>				

330	Is the learning supervised to ensure patient and student safety? <i>[view documentation/onsite observation/interview with stand/ students]</i>				
331	Are the students comfortable with the learning experience provided in the department? <i>[view documentation/onsite observation/ interview with students]</i>				
332	Are the students being trained on the skills identified for their respective year of medical education as identified in the study guides? <i>[view documentation/onsite observation]</i>				
333	Is the supervisor to student ratio appropriate? <i>[MMDC standard 1:6] [view documentation/onsite observation]</i>				
334	Is there a designated procedure room? <i>[view documentation/onsite observation]</i>				
335	Is there designated areas and materials for immunisation and growth monitoring interventions ? <i>[onsite observation/interview with staff]</i>				
336	Is there designated areas for reproductive and maternal health awareness interventions ? <i>[onsite observation/interview with staff]</i>				
337	Are there resources to conduct field epidemiology and epidemiological analysis? <i>[view documentation/onsite observation]</i>				

	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>Intensive Care Unit</b>				
338	Are there separate medical and surgical ICUs <i>[view documentation/onsite observation]</i>				
339	Is the ICU covered by sufficient trained physicians and nurses <i>[view documentation/onsite observation]</i>				
340	Is the unit head aware of his/her responsibilities for teaching and learning of medical students? <i>[view documentation/onsite observation/interview with staff]</i>				
341	Is there a timetable for students for clinical rotation/clerkship in Unit? <i>[view documentation/onsite observation]</i>				
342	Are the students comfortable with the learning experience provided in the Unit? <i>[view documentation/onsite observation/interviews with students]</i>				
343	Are the students trained on the skills identified for their respective year of medical education as identified in the study guides/ log books? <i>[view documentation/onsite observation]</i>				

344	Are relevant quality indicators identified and monitored by the department? [view documentation/onsite observation/ interviews with staff]					
345	Are there any physician/staff with valid ACLS certification? [view documentation/onsite observation/ interview with staff]					
346	Are appropriate resuscitation services available? [onsite observation]					
347	Does the hospital ensure privacy and confidentiality of the patient? [view documentation/onsite observation/ interviews with staff/ patients]					
348	Is the learning supervised to ensure patient and student safety? [view documentation/onsite observation/ interviews with staff]					

	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
<b>Evaluation Questions</b>				
<b>Operating Theatre (including recovery room)</b>				

350	Does the hospital have fully equipped functional operating rooms with monitoring facilities. <i>[view documentation/onsite observation]</i>	✓			
351	Does the hospital have functional recovery area with oxygen, suction and monitoring facilities. <i>[view documentation/onsite observation/interview with staff]</i>	✓			
352	Does the hospital have an appropriately furnished Pre-anaesthesia area available <i>[view documentation/onsite observation/interview with staff]</i>	✓			
353	Is the learning of students supervised to ensure patient and student safety? <i>[view documentation/onsite observation/interview with staff]</i>		✓		
354	Are relevant quality indicators identified and monitored by the department? <i>[view documentation/onsite observation/interview with staff]</i>				
355	Are there any physician/staff with valid ACLS certification? <i>[view documentation/onsite observation/interview with staff]</i>	✓			
356	Are appropriate resuscitation services available? <i>[onsite observation]</i>	✓			
357	Does the hospital ensure privacy and confidentiality of the patient? <i>[view documentation/onsite observation/interviews with staff/ patients]</i>	✓			

358	Does the hospital have adequate OT Waste disposal method available, functional and in use? [view documentation/onsite observation/interview with staff]	✓			
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	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents/stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>RADIOLOGY DEPARTMENT</b>				
359	Does the department have at least 1 portable X-ray available, functional and in use? [view documentation/onsite observation/interview with staff]	✓		Observation and Interview	2 portable X-ray machines
360	Does the department have at least 2 probe grey scale (3.5 MHz) USG available, functional and in use? [view documentation/onsite observation/interview with staff]	✓		Observation and Interview	5 probes
361	Does Department have 1 colour Doppler USG (with multi frequency probes) available, functional and in use? [view]	✓		Observation and Interview	5-6 colour doppler / 2 among 6 are portable
					Information given by Dr. Fathimath Mufliha [Radiology] (Note- Module coordinator Dr. Aminath Arifa H.O.D.) (There are 6 maldivian doctors in this department who teaches this module in Med school) (The skeletal system is divided among the 6 teachers) (The exam is set and marked by



	<i>documentation/onsite observation/interview with staff</i>						these 6 doctors) (MNU School of Medicine has shared the curriculum and log book) (All the doctors except 2 new doctors took part in the professional development or training) (Students are not sent to the department)
362	Does the department have at least 2 biopsy probes available, functional and in use?				Interview	Not sure?	
363	Does the department have 3 Fluoroscopy/image intensifiers (500mA) available, functional and in use? [view documentation/onsite observation/interview with staff]	✓			Observation and Interview	1 functional fluoroscopy machine	
364	Does the department have a CT Scan 16 slices or above available, functional and in use?	✓			Observation and Interview	128 slices - 2 machines / 256 slices - 1 machine	
365	Does the department have or have access to 1 MRI (1.5Tesla or above) available, functional and in use	✓			Observation and Interview	1.5 tesla - 1 machine / 3 tesla - 1 machine	
366	Does the department have 1 Mammography available, functional and in use?	✓			Observation and Interview	1 machine	
367	Does the department have 1 Orthopantomogram (OPG) available, functional and in use?	✓			Observation and Interview	OPG 1 machine	
368	Does the department have adequate lead aprons available, functional and in use? [view documentation/onsite observation/interview with staff]	✓			Observation and Interview	5 to 10 lead aprons	

369	Does the department have lead shields/partitions available, functional and in use <i>[view documentation/onsite observation/interview with staff]</i>	✓	Observation and Interview	All	
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	Evaluation Questions	Yes	No	Method of verification (e.g. observation; interview; documents / stats with source)	Remarks (notes from accreditation team member, record name of interviewee)
	<b>STERILISATION AND STORAGE</b>				
370	Does the hospital have an Instrument washing area available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	Washing area is available [function and in use]
371	Does the hospital have a linen washing area available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	Washing area is available [function and in use]
372	Does the hospital have 2 steam autoclaves with 134 degrees' temperature (500L) available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	3 steam autoclaves  Information was give by CSSD manager

	<i>documentation/onsite observation/interview with staff</i>					
373	Does the hospital have 1 Ethylene oxide/ Formaldehyde gas / plasma sterilizer available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	1 Hydrogenperoxide plasma sterilizer	
374	Does the hospital have 1 sealant machine available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	4 sealant machines are available [not in use]	
375	Does the hospital have separate path for collection of dirty linen and instruments available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	Unidirectional work flow	
376	Does the hospital have chemical based high-level disinfection/sterilization facilities available, functional and in use? <i>[view documentation/onsite observation/interview with staff]</i>	✓		Observation and Interview	Yes, using Helizyme-B. Braun	

