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Accreditation of A Private Medical University: Medical Students Awareness and Expectations

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Abstract

Background: The history of accreditation is traceable to the efforts of a few educational institutions in seeking standards for differentiating between colleges and secondary schools. This study aims to evaluate the level of awareness and expectations of medical students on accreditation visits in a private medical university in the last 4 years – from 2018 to 2022.

Materials and Methods: A cross-sectional descriptive study was carried out among total population of students at a private medical university, using a pre-designed proforma. Data was analysed using the statistical software for social sciences 20.0.

Results: One hundred and forty-six (54.1%) respondents were aware of accreditation exercise(s) within the university since they became students of the institution. Ninety-one (33.7%) respondents felt that their medical training could be prolonged if the accreditation exercise was not successful. One hundred and six (39.3%) respondents had some expectations from the accreditation exercise(s) in the university, which were: improvement in the education and learning standard (35 = 13.3%), achieving better quality of living for students (10 = 3.7%), having better facilities and equipment for study (5 = 1.9%), and successful accreditation of their courses was the concern of 16 (5.9%) respondents.

Conclusion: Only about half of medical students were aware of the accreditation, and this awareness increases with students' level of training. The expectations of the students were improvement in the education and learning standard, achieving better quality of living for students, having better facilities and equipment for study, and successful accreditation of their courses.

Keywords

Accreditation; Departments and Faculties; Private Medical University; Port Harcourt; Nigeria

Introduction

The rights to aspire to high accomplishment/ excellence are natural to individual and institutions within the ambit of the law,[1-2] hence it is easy to say: "I can cure", "I have the capacity to do", "I can do", etc. When the outcome or products of these asserted accomplishments directly or indirectly affects the society, some form of peer-review is often put in place to authenticate claims of ability, discoveries, etc.[3-7] This applies to article publications in journals, food and drug approvals, licensing of professionals, and accreditation for training institutions, among others. Literally, the process of a recognized authority ascertaining the capacity of an institution in accomplishing set training objective(s) using set criteria is considered as accreditation.[8-12]The history of accreditation is reported to be traceable to the efforts of a few educational institutions in seeking standards for differentiating between colleges and secondary schools [13].

In the United States, the first attempt at accreditation for post-secondary education dated back to 1787 and the American Medical Association started scrutinizing the curricula of medical schools in 1847 [14]. The current sophistication as seen in colleges, universities, and other institutions therefore evolved over the years, and the origin and evolution are already documented in the works of earlier researchers [15-17]. Accreditation process has been criticized for not being suitable or rather constituting impediments to effective adaptation in a competitive business school environment [13]. Also, of concern is the fact that accrediting agencies do not consider such matters of public interest that bothers on quality such as student attrition rates, default rate on student loans, results of education programs, etc [18]. Although many other researchers have provided insight to the demerits of accreditation, [19-21] a rather more critical view appear to be the 2021 study that associated accreditation with the nine characteristics of idols [22]. However, despite the criticisms, the attractive benefits of the potential of stimulating quality and performance improvement opportunities, strengthening the culture of quality improvement, stimulating greater collaboration across departments/units within the agency, etc. have combined to ensure continuation of accreditation exercise in human society [23-27].

The current global picture of the significance of accreditation is more revealing. Although accreditation criteria for medical training may vary, to ensure recognition by the World Federation for Medical Education (WFME), national accrediting agencies specify standards for local content and international demands [28]. This is necessitated by regional and cultural differences that influence practice in different countries [29-30]. The Foundation for Advancement of International Medical Education and Research (FAIMER) develops and updates a Directory of Organizations that Recognize and Accredite Medical Schools (DORA) [29]. A merger between the International Medical Education Directory (IMED) and the Avicenna Directory project (worldwide medical schools, schools of pharmacy, schools of public health and educational institutions of other academic health professions) gave birth to the World Directory of Medical Schools in 2013. Information in this directory, often received from the ministry of health of different countries, is where the dynamic global number of medical schools and their respective countries can be found. The World Health Organization (WHO) regionalized the globe into the Western Pacific, the Americas, South-East Asia, the Eastern Mediterranean region, Europe, and the African regions for convenience. Medical education in Nigeria is regulated by the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN) [31]. This study aims to evaluate the level of awareness and expectations of medical students on accreditation visits in a private medical university in the last 4 years – from 2018 to 2022.

Materials and Methods

A prospective cross-sectional descriptive study was carried out in Port Harcourt the Capital City of Rivers State, among medical students of the PAMO University of Medical Sciences (PUMS). PUMS is a Private Medical University licensed by the Federal Government of Nigeria, and committed to quality and excellence in Medical Education, Research and Health Services. A study proforma was designed, scrutinized by all authors, and pre-tested before use. Data was collected from students in their classrooms from year one to year five. There was no sixth-year students as the pioneer students were in the five hundred level of their six-year course. Data analysis was done using statistical package for social sciences (SPSS) version 20.0 using chi square for test of significance.

Results

A 97.0% questionnaire retrieval was achieved and a total of two hundred and seventy (270) respondents were involved in the study.

Variables	Number	Percentage
<i>Sex</i>		
Male	106	39.3
Female	164	60.7
<i>Age (Mean = 18.57±2.36; minimum= 15, maximum 28)</i>		

15 - 19 years	181	67
20 - 24 years	85	31.5
25 - 29 years	4	1.5
<i>Marital Status</i>		
Single	269	99.6
Married	1	0.4
<i>Religion</i>		
Christianity	263	97.4
Islam	2	0.7
No religion	5	1.9
<i>Number of years or level in training</i>		
100 level	138	51.1
200 level	54	20
300 level	2	0.7
400 level	41	15.2
500 level	35	12.9

Table 1: Socio-demographic characteristics of respondents (n = 270).

The demographic characteristics of respondents is summarized in Table 1. One hundred and six (39.3%) respondents were males and female respondents were 164 (60.7%). The mean age of the respondents was 18.57 ± 2.36 , the minimum age was 15 years and oldest was 28 years. There were 263 (97.4%) Christians. One hundred and thirty-eight 138 (51.1%) respondents were in 100 level in the school, 54 (20.0%) were in 200 level and 15.2% were in 400 level.

Variables	Number	Percentage
Awareness of accreditation exercise within the university since becoming student of PUMS		
Yes	146	54.1
No	102	37.8
Not sure	22	8.1
Number of accreditation exercise witnessed since becoming student of PUMS		
None	158	58.5
One	34	12.6
Two	26	9.6
Three	32	11.9
Four	14	5.2
More than four	6	2.2
Accreditation exercise has impact on students' training in the University		
Yes	185	68.5
No	36	13.3
Not sure	49	18.1
Negative impact of outcome of accreditation exercise on students' university training		
It could prolong the period of training if accreditation is not successful	91	33.7
It could affect the quality of doctors we become if the exercise is not properly done	48	17.8
It makes student to tell lies	2	0.7

It could prolong training period and quality of doctors produced if accreditation is not successful	26	9.6
No response	103	38.1

Table 2: Knowledge/Awareness and Negative impact of Outcome of Accreditation (n = 270).

Table 2 shows respondents' awareness / knowledge on accreditation and their opinion on the negative impact of the outcome of accreditation on their training. One hundred and forty-six (54.1%) respondents were aware of accreditation exercise(s) within the university since they became students of the institution, while 102 (37.8%) were not aware. One hundred and eighty-five (68.5%) respondents believed that accreditation exercise has impact on students' training in the University. Ninety-one (33.7%) respondents felt that their medical training could be prolonged if the accreditation exercise was not successful. Forty-eight (17.8%) respondents were of the opinion that the quality of training could be compromised if accreditation was not properly done.

	YES		NO		No Opinion	
	Number	(%)	Number	(%)	Number	(%)
It could increase the number of teachers	94	34.8	94	34.8	82	30.4
It could improve on the quality of teachers	104	38.5	84	31.1	82	30.4
It could improve the training environment	126	46.5	62	23	82	30.4
It could improve the content and quality of the curriculum	126	46.7	62	23	82	30.4
It could improve the rating of the university among other training institution	138	51.1	50	18.5	82	30.4

Table 3: Positive impact of accreditation exercise on students' university training (n = 270).

Table 3 shows respondents opinion on the positive impact of accreditation exercise(s) in the institution. Ninety-four (34.8%) respondents were of the opinion that it could stimulate the increase of the number of teachers; 104 (38.5%) felt it could improve on the quality of teachers; 126 (46.7%) opined that it could improve the training environment; 126 (46.7%) indicated that it could improve the content and quality of the curriculum; and 138 (51.1%) respondents felt it could improve the rating of the university among other training institution.

Variables	Number	Percentage
Students told the accreditation team all concerns/challenges in the university training		
Yes	62	23
No	145	53.7
Not sure	63	23.3
Students limit/reserve some challenges when they have opportunity to meet the accreditation team		
Yes	104	38.5
No	99	36.7
Not sure	67	24.8
Are there opportunities for students to voice their concerns to school authority before accreditation team arrival		
Yes	81	30
No	92	34.1
Not sure	97	35.9
What students discuss with the accreditation team when given opportunity to meet the team members		
Academic standard of medical training	27	10
Challenges encountered in school	44	16.3
Standard of living of students and social amenities	7	2.6
Quality facility and laboratory equipment	8	3
What the school management tell us to say	6	2.2
Don't know	25	9.3
No response	153	56.7

Table 4: Students' Attitude and Content of Discussion with accreditation agencies (n = 270).

Students' attitude and content of discussion accreditation team is presented in Table 4. One hundred and forty-five (53.7%) respondents did not tell the accreditation team all concerns/challenges in the university during accreditation. Eighty-one (30.0%) respondents were aware of available opportunities to express their concerns to school authority before accreditation team's arrival, while 92 (34.1%) respondents asserted otherwise. The content of students' discussion with the accreditation team when given opportunity included but not limited to: academic standard of medical training, challenges encountered

in school, standard of living of students and social amenities, quality facility and laboratory equipment, what the school management tell them to say, and some did not know the content.

Variables	Number	Percentage
Have any expectation from the accreditation exercise(s) in the university		
Yes	106	39.3
No	66	24.4
Not sure	98	36.3
What students' expectation are		
To improve the education and learning standard	35	13
Solution to problems presented by students	23	8.5
Better quality of living for students	10	3.7
Better facilities and equipment for study	5	1.9
Successful accreditation	16	5.9
No response	181	67
Any recent changes or planned changes for new lecturers in the university following the accreditation		
Yes	40	14.8
No	35	13
Don't know	195	72.2
Any recent changes or plan changes for new facilities/equipment in the		

university following the accreditation		
Yes	75	27.8
No	30	11.1
Don't know	165	61.1
Any recent changes or plan changes for better student lecturer interaction in the university following the accreditation		
Yes	57	21.1
No	41	15.2
Don't know	172	63.7

Table 5: Expectation from accreditation exercise (n = 270).

Table 5 shows respondents' expectations from accreditation exercise. One hundred and six (39.3%) respondents had some expectations from the accreditation exercise(s) in the university. These expectations were: improvement in the education and learning standard (35 = 13.3%), achieving better quality of living for students (10 = 3.7%), having better facilities and equipment for study (5 = 1.9%), and successful accreditation of their courses was the concern of 16 (5.9%) respondents. Forty (14.8%) respondents were of recent changes or planned changes for new lecturers in the university following the accreditation exercise, while 195 (72.2%) were not aware of such changes. Some other noticeable changes were new facilities/equipment in the university (75 = 27.8%), and better student-lecturer interaction in the university following the accreditation, as opined by 57 (21.1%) respondents.

Gender	Awareness of accreditation exercise within the university				(X ²)	P-Value
	Yes	No	Not sure	Total		
Male	63 (59.4%)	39 (36.8%)	4 (3.8%)	106	5.071	0.079
Female	83 (50.5%)	63 (38.4%)	18 (11.0%)	164		
Total	146	102	22	270		

Table 6: Relationship between Gender and awareness of accreditation exercise (n = 270).

Table 6 shows the relationship between gender and students' awareness of accreditation exercise within the university. The proportion of males who had awareness of accreditation exercise was more than the females, although the relationship is not statistically significant ($P > 0.05$).

Level of training	Awareness of accreditation exercise within the university				(X ²)	P-Value
	Yes	No	Not sure	Total		
100 level	34 (24.6%)	89 (64.5%)	15 (10.9%)	138	118.117	0
200 level	37 (68.5%)	10 (18.5%)	7 (13.0%)	54		
300 level	1 (50.0%)	1 (50.0%)	0 (0.0%)	2		
400 level	40 (97.6%)	1 (2.4%)	0 (0.0%)	41		
500 level	33 (100.0%)	0 (0.0%)	0 (0.0%)	33		
600 level	1 (50.0%)	1 (50.0%)	0 (0.0%)	2		
Total	146	102	22	270		

Table 7: Relationship between Level of training and awareness of accreditation exercise (n = 270).

Table 7 shows the relationship between level of training and awareness of accreditation exercise within the university. As the level of training increases, the proportion of respondents' awareness also increases and this relationship was statistically significant ($P < 0.05$).

Discussion

Accreditation of institutions and its awareness and expectations is a subject that often relates to lecturers and institutions, with almost minimal reference to students. This study demonstrates that this subject and its concerns, also applies to medical students in the private medical university. The respondents were young and predominantly Christians. This is an expected reflection of an institution located in the Southern part of Nigeria, made up of predominantly Christian population [32-33]. The fact that only a little more than half of the students were aware of accreditation exercise in the university, may imply that the rest of the respondents did not participate in the accreditation team interactive session with the students, and if they did, may not have thoughtfully provided their opinions on issues. Our study contrast relatively with the result of another study in University College of Bahrain where a high level of accreditation awareness was reported among students [34].

There was no significant relationship between students' awareness of accreditation exercise and their gender. However, students' awareness of accreditation increased with the number of years spent in training, as there was a significant association between awareness and level of training. Our finding is similar to other studies where awareness of accreditation has been shown to improve with time [35-36]. Generally, not much attention is paid to students in an institution seeking accreditation as the process is often regarded as administrative or managerial. It is not surprising therefore, to find that less than half of

respondents were knowledgeable about the possible adverse impact that the outcome of an accreditation exercise could have on their training. This is further buttressed by the paucity of studies that centre on impact of accreditation exercise among students. The same reasons could also explain why less than half of the respondents were knowledgeable in the positive impact of accreditation exercise – improvement in quality of teachers, training environment, content and quality of the curriculum, and the rating of the university.

Some students were able to notice some changes made in preparation for the accreditation. Although majority of respondents did not communicate all their concerns or challenges with the accrediting team, the content or scope of discussion during interactive session with students were broad enough to include issues bothering on academic standard of medical training, challenges encountered in school, standard of living of students and social amenities, quality facility and laboratory equipment, and even “what the school management told them to say”. This underscores the thoroughness of the accrediting agency, in their bid to uncover whatever is perceived to be hindrance to medical education. The implication of this is that issues bothering on learning, learning environment, and relationship with the lecturers (student-lecturer interaction) which are of concern to students should not be taken for granted.

Conclusion

This study demonstrated that about half of medical students whose institution was being accredited were aware of the accreditation, and this awareness increases with students level of training. The expectations of the students were improvement in the education and learning standard, achieving better quality of living for students, having better facilities and equipment for study, and successful accreditation of their courses was the concern of respondents.

Recommendation

Students should be carried along in preparations for university accreditation exercises, as there is increased awareness, and the outcome of the exercise partly affect the students.

Acknowledgement

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Ethical Considerations

The approval of the Ethics Review Committee of the PAMO University of Medical Sciences / Rivers State University Teaching Hospital were obtained before commencement of the study.

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Conflict of Interest

None declared.

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