

## Chapter 16

# An Assessment Study of Quality Model for Medical Schools in Mexico

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### ABSTRACT

*Excellence in healthcare delivery is only possible by addressing the quality issues in medical education. The authors in this paper assess the development of medical schools in Mexico considering a proposed Quality Model for Medical Schools (QMMS) having five levels of the Incremental Quality Model (IQM). An exploratory descriptive approach was applied in this study wherein 46 authorities from medical schools self-assessed their processes (strategic, core, support and evaluation) included on the QMMS to determine their development in the five levels of the IQM i.e. Start, Development, Standardization, Innovation and Sustainability. The results of the study show the average were: 3.09 strategic processes, 2.96 core processes, 3.19 support processes and 3.00 in evaluation process. The overall mean obtained was 3.07 which correspond to Standardization level. The authors consider that the proposed quality model may serve as a guide to improve their performance to advance to innovation and sustainability.*

### INTRODUCTION

Clinical practice is dynamic. It is constantly being improved by scientific and technological innovations on procedures, resources and techniques. Medical education needs to be adapted to prepare professionals not only for currently society demands, but also for future requirements in healthcare (Flores Echavarría, Sánchez Flores, Coronado Herrera, & Amador Campos, 2001).

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## ***An Assessment Study of Quality Model for Medical Schools in Mexico***

Excellence in healthcare delivery is only possible by addressing the quality issues in medical education. There have been several studies to assure and improve quality in medical education, with three basic purposes: public accountability for future doctors' skills, teaching and learning strategies improvement, and quality culture determined by institutional principles and values (Joshi, 2012). These initiatives have impeded procedures of assessment, competency certification, and accreditation standards for undergraduate and graduate programs (Flores Echavarría et al., 2001).

Quality models for medical programs and healthcare institutions are optional and recent in Mexico. Medical education standards are not covering efficiently the present needs for all stakeholders' expectations. Healthcare institutions nowadays require better professionals whose clinical competences impact medical care on the current and future epidemiology diseases.

This chapter intends to suggest a Quality Model for Medical Schools based on quality management theory and other accreditations and regulations for medical schools. It includes three components: principles, criteria and evaluation.

The objectives of the chapter are:

- To describe the evolution of quality management and quality in medical education;
- To present the construction of the Quality Model for Medical Schools;
- To define the criteria stratified by processes type (strategic, core, support and evaluation):
  - **Strategic:** Leadership and Planning, Program Design, and Research.
  - **Core processes:** Students, Integral Education, and Faculty.
  - **Support processes:** Facilities, Networks with other institutions, and Administration.
  - **Evaluation processes:** Assessment and continuous improvement, and Results;
- To refer to the Incremental Quality Model to evaluate medical schools considering five stages: 1) Start, 2) Development, 3) Standardization, 4) Innovation and 5) Sustainability;
- To outline an exploratory study of a self- assessment instrument applied to medical schools in Mexico; and
- To suggest further research approaches and initiatives related to the Quality Model for Medical Schools.

## **BACKGROUND**

### **Importance of Quality Management**

The concept of quality has not a unique or a permanent definition. A general definition could be “to satisfy or comply design or expectations”. Nevertheless, the concept is broad and dynamic and it should be understood considering the historical moment in which it was conceived. Its scope and focus have been variable over time. The deployment has gone from products, processes, value chain, systems and even beyond organizational boundaries. Regardless that manufacturing industry started to apply quality practices, the experience has been transferred to several organizational types, as healthcare institutions and medical education.

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