

SECTION VI:
**GUIDE TO WRITING A PROGRAMME
SELF-REVIEW REPORT**

GUIDE TO WRITING A PROGRAMME SELF-REVIEW REPORT

1. INTRODUCTION

Programme Self-review Report (PSRR) is also known as institutional self-study report or self-review report or sometimes referred to as internal quality audit. The report is the product of a quality assurance process of a programme. The department head and other senior staff involved in implementing the programme must be totally committed to, and supportive of, the self-review and its purposes. A senior person with appropriate experience is appointed to coordinate and lead the self-review process supported by the HEP's quality committee or its equivalent. The self-review builds as much as possible on current relevant activities and materials. The PSRR is one of the documents that need to be submitted when applying for full accreditation.

The HEP is expected to carry out a self-review exercise every five years, or as specified in the conditions of the programme accreditation. It should employ a variety of evaluation methods and demonstrate use of the findings of the quality assurance process for the improvement of the programme and its activities. The MQA may conduct a Programme Maintenance Audit to ensure sustainability of the quality of the programme. The availability and ownership of PSRR may provide the necessary support to the institution in the accreditation process.

This guide describes the purpose of a programme self-study report, the establishment of a self-review (self-study) task force, the process in conducting a self-review of the programme and finally, the format of the report.

2. PURPOSE OF PSRR

PSRR is an important part of the accreditation process. The HEP must involve all relevant stakeholders in preparing this report. The purpose of PSRR is as follows:

- a. to collect and review data about the dental faculty and its educational programme;
- b. to identify institutional strengths and problem areas (weaknesses);
- c. to formulate appropriate strategies so that strengths are maintained and weaknesses are addressed.

The PSRR together with the database and other relevant documents must be submitted by the Faculty/HEP to MQA.

The PSRR and other relevant documents will be used by the POA to evaluate the faculty's adequacy and organisation of resources as well as the performance and effectiveness of its programme prior to the accreditation visit. In addition, the data and analysis in the PSRR are useful for the faculty in developing its overall strategic plan.

3. THE SELF-REVIEW TASK FORCE

The self-review process requires the time and effort of the management, academic staff, students and others associated with the dental faculty, including staff in its clinics and teaching hospitals.

Members of the task force should include the representatives of the management (academic, financial and human resource), heads of departments, senior and junior academic staff, students and alumni, as well as representatives from the clinic and teaching hospital. The Dean shall be the chairperson of the taskforce.

Chairpersons should also be appointed for each area of the database. They are responsible for the following tasks:

- analyse the data to identify the strengths of the programme, areas of concern and opportunities for improvement;
- develop strategies to ensure that the strengths are maintained and weaknesses are addressed;
- make specific recommendations for further quality enhancement; and
- prepare a preliminary report for the respective areas.

The Deputy Dean for academic affairs or a person who is familiar with the dental faculty and the dental education process should be appointed as coordinator for the self-review. The coordinator's responsibilities include the following:

- distribute and collect the database forms;
- provide clarifications on questions raised during the preparation of the database;
- coordinate the activities of the task force;
- compile the reports from all the areas;
- edit the consolidated document for the preliminary PSRR.

4. STEPS IN THE SELF-REVIEW

4.1 Completion of the database

The database is organised according to the Areas in the Standards and Criteria for Accreditation of a Dental Degree Programme (Section II). The items in the database relate to specific accreditation standards. Each area in the database should be completed by the most appropriate and knowledgeable person(s) for that area. Care should be taken to ensure the accuracy and consistency of data or information across all areas of the database. Additional data or information that are relevant to the area may also be analysed.

4.2 Self-review analysis

The task force set up by the faculty is responsible for conducting the self-review. Each area of the database should be reviewed to determine the contribution of the individual component to the capability of the faculty in fulfilling its educational objectives and education of the students.

4.2.1 The programme self-review process

It involves three main activities, that is data collection, data review and reporting.

i. Data Collection

In data collection, reference should be made to documents that have been published and made available to the POA during the evaluation visits.

The Faculty should provide an overall factual description of the programme. Information on the processes by which decisions are made and its rationale should also be included. A self-review carried out for a programme should be built on the institution's existing quality system. It should incorporate information and conclusions obtained from a diverse sources which allows for cross-checking of data from a broader perspective.

When collecting data, the task force should:

- a. cooperate with and support the chairperson;
- b. plan and carry out assigned responsibilities effectively and efficiently;
- c. communicate and clarify standards;
- d. comply with the applicable standards;
- e. document the observations;
- f. retain and safeguard documents pertaining to the evaluation;
- g. ensure confidentiality of the documents;
- h. treat privileged information with discretion;
- i. work within the scope of evaluation;
- j. act in an ethical manner at all times;
- k. exercise objectivity;
- l. collect relevant data only; and
- m. remain alert to any indications that can influence the evaluation and possibly require further investigation.

ii. Review of Data

Reviewing the data collected can be in the form of asking questions about structures, processes and outcomes. This itself could generate an objective critique. Each chairperson of the area should ensure analyses of strengths, weaknesses, opportunities and threats (SWOT analysis) of the programme and assesses them against the standards. The chairperson of every area submits the report of the analysis to the coordinator of the task force. The coordinator synthesises and summarises the findings of the PSRR to the Chairperson of the taskforce. The final decision of the PSRR will be made by the taskforce.

All members involved in data review are responsible for undertaking the following:

- a. comply with the applicable standards;
- b. plan and carry out assigned responsibilities effectively and efficiently;
- c. analyse evidence that is relevant and sufficient to draw conclusions regarding the internal quality system;
- d. report the evaluation results objectively;
- e. retain and safeguard documents pertaining to the evaluation;
- f. submit the report as required;
- g. ensure the report remains confidential and to treat privileged information with discretion;
- h. cooperate with, and support the chairperson;
- i. liaise with departments for further data, if necessary;
- j. remain alert to any evidence that can influence decisions;
- k. act in an ethical manner at all times; and
- l. constantly evaluate the observations and personal interactions during the audit

Using the above processes, the taskforce should be able to:

- arrive at objective conclusions based on the evaluation observations; and
- remain true to the conclusions irrespective of internal and external pressures.

iii. Reporting

The PSRR outlines the findings of the task force based on all seven (7) areas of evaluation for quality assurance. It includes commendations, affirmations and recommendations. The extent and weight of the recommendations are determined by the findings. The report should contain objective and substantiated statements. It should focus on the policies, processes, documentation, strengths and weaknesses

relating to the programme. Comments on individuals, whether positively or negatively should not be included in the report.

5. PROGRAMME SELF-REVIEW REPORT

PSRR should include critical analysis according to the topics above and a summary which highlights the:

- Strengths of the school in meeting its objectives
- Areas of concern
- Strategies for maintaining the strengths
- Steps taken to address the problem areas/weaknesses and
- Recommendations for change

The report should include a list of members of the task force including their titles and/or positions.

6. CONCLUSION

The PSRR is an outcome of an assessment of the programme involving all its stakeholders. In this assessment, the Faculty/HEP identifies its strengths and efforts to further consolidate them as well as determining its weaknesses and activities taken to overcome the constraints and problem areas. This process also involve a reflection of the outcome of the programme. It provides an opportunity for the POA to take into cognizance the evaluation of the programme from the perspective of the Faculty/HEP. The PSSR is one of the essential documents that is required to be submitted by the HEP for full accreditation of an undergraduate dental degree programme.