

AMC Today



"Committed to academic excellence and cultural diversity"

Africa Medical College Scores Extremely Well in the Second Round National Exit Examination

The Ethiopian Ministry of Education recently released the results of the national higher education exit examination, which was conducted for the second time in 2024.

The national results show Africa Medical College has scored extremely well as 63 out of 72 students (85.5%) who sat for the exam scored above 50%. This is

a huge improvement when compared to the result of last year which was 62%.

[Cont'd on page 2](#)

Department of Medicine Reviews Its Curriculum

On April 4, 2024, Africa Medical College, Department of Medicine, in collabora-

tion with Quality Assurance Office, conducted a curriculum review on the ongoing Doctor of Medicine Program.

[Cont'd on page 2](#)



Inside this issue:

Call for papers	4
Research Corner	5
Quality Assurance Corner	6

The Self-evaluation of Medicine and Pharmacy Programs Is Progressing Well

It is to be recalled in December 2023, Africa Medical College established committees to undertake program-specific self-evaluations on all programs and



[Cont'd on page 2](#)

Africa Medical College Scores Extremely Well ...in Exit Examination

[Cont'd from page 1](#)

More specifically, 93.88% of students from the MD (Medical Doctorate) program, the College's flagship program, and 73.5% of DDM (Doctor of Dental Medicine)

students were able to pass the exit examination with flying colors. The scores recorded over the past two exam sessions in-

dicating that Africa Medical College is discharging its duties responsibly and its

[Cont'd on page 8](#)

The Self-evaluation of Medicine... and Pharmacy

[Cont'd from page 1](#)

compile self-evaluation reports (SED) through data collection tools (DCT), student satisfaction surveys (SSS), observation, and interviewing. During a meeting of the committees convened on April 10,

2024, it was reported that most data for Medicine and Pharmacy programs have been gathered and analyzed. What remains now is writing the draft reports in ETA for-

mat and submitting them to the College's senior officials before they are presented at a workshop on which they will be deliberated and commented on by stakeholders.

Department of Medicine Reviews Its Curriculum...

[Cont'd from page 1](#)

The workshop was attended by the Dean, Department Heads, Research and Community Service, and Quality Assurance Office Heads.

The review was officially opened by Ato Desta Berhe, the Head of the Quality Assurance Office.

Ato Desta, in his opening speech, informed the reviewing team that the original plan had been to review both Pharmacy and Medicine programs. Nevertheless, due to some unforeseen personal problems, the instructor who was assigned to make a presentation on the Pharmacy program was

unable to come to the meeting. It was therefore decided to go ahead only with the Medicine Program.

Dr. Nahom from the Department of Medicine, presented, in a bird's eye view, the vision, mission, and values of the College as well as objectives, graduate profiles, degree nomenclature, credits, etc. of the program, commencing from the history of the College.

Participants then were invited to reflect and comment on what was presented by Dr. Nahom.

Insights and possible solutions to the problems they observed in the program were forwarded as follows:

1. Names such as Ministry of Science and Higher Education (MoSHE) and Higher Education Relevance and Quality Agency (HERQA) and their respective abbreviations need to be updated to the Ministry of Education and Education (MoE) and Training Authority (ETA) respectively.

[Cont'd on page 3](#)

Department of Medicine Reviews Its Curriculum ...

Cont'd from page 1

2. The vision of the College should be similar to the vision statement stated in some of the College's essential documents (Academic Legislation, Strategic Plan, etc.). Therefore, one vision statement should be used across all documents so that all stakeholders have a similar understanding of the vision and mission statements of the College.
3. The Objectives should be rewritten in students' behavior rather than instructors' activities. (e.g. "enable students" is not an appropriate phrase). Some of the codes consist of 3 letters while others have more than 4.
4. The numbers used after the letter codes also vary greatly. The course coding, thus, should strictly adhere to the guidelines specified in the harmonized curriculum document.
5. The word "degree" does not exist in the English version of the nomenclature. Therefore, the Amharic and the English versions of the nomenclature should be equivalent.
6. The Academic Legislation, on semester load, states "The normal semester load for regular students shall be 18. The maximum load shall not exceed 22 credit hours unless otherwise stated in the course or curriculum". Nevertheless, the curriculum document of Medicine employs semester loads beyond the limit in several instances.
7. As the Curriculum document is a "harmonized" one (prepared by a government universities' consortium) it should be revised to accommodate the "23 credit hours" limit set by the

MoE.



QA involves a set of activities and procedures occurring in a higher education that helps ensure high-quality graduates.



Call for Papers

2nd Annual Research Conference

“Improving the Provision of Quality and Equitable Health Services”

Africa Medical College invites researchers to submit research abstracts on the following sub-themes and related areas:

- *Prevention and Control of NCDs and Mental Health Problems*
- *Patient Care*
- *Scientific Research in Health and Health Related Areas*
- *Quality and Equity of Health Services*
- *Motivated, Competent and Compassionate Health Workforce*

Deadlines:

Submission of abstract: *May 20, 2024/Ginbot 12, 2016*

Submission of full paper: *May 29, 2024/Ginbot 21, 2016*

Authors should observe the following in their submissions:

- | | |
|--|---|
| · <i>Name and updated CV of the author</i> | · <i>Abstract (not more than 200 words)</i> |
| · <i>Title of paper</i> | · <i>Email address</i> |
| · <i>Affiliation of the author</i> | · <i>Mobile phone number</i> |

Send your abstracts to:

- *Dr. Kassahun Kebede, Email: kassahunkbd@yahoo.com
Mobile Phone: +251 91 153 1142*

N.B

- *Modest honorarium will be paid to authors whose papers will be selected and presented.*

Research Corner

Health Services Research (Ivan Nyklíček, Journal of Psychophysiology · October 2012)

Health services research is concerned with the relationship between the provision, effectiveness and efficient use of health services and the health needs of the population. It is narrower than health research. More specifically, health services research aims to produce reliable and valid research data on which to base appropriate, effective, cost-effective, efficient and acceptable health services at the primary and secondary care levels. Thus, the research knowledge acquired needs to be developed into action if the discipline is to be of value; hence the emphasis throughout industry and service organizations on 'research *and* development'.

The focus is generally on:

1. The relationships between the population's need and demand for health services, and the supply, use and acceptability of health services;
2. The processes and structures, including the quality and efficiency, of health services;
3. The appropriateness and effectiveness of health service interventions, in relation to effectiveness and cost effectiveness, including patients' perceptions of outcome in relation to the effects on their health, health related quality of life and their satisfac-

tion with the outcome.

Health services research is distinct from audit and quality assurance, although they share the same concepts in relation to the evaluation of structure, process and outcome.

Audit and quality assessment aim to monitor whether predefined and agreed standards have been met. Health services research has evaluation – rather than monitoring – as its aim. Health services research is also broader than traditional clinical research, which directly focuses on patients in relation

to their treatment and care.

Clinical research has traditionally focused on biochemical indicators, and more recently, and in selected specialties only, on the measurement of the broader quality of life of the patients. Health services research investigates the outcome of medical interventions from social, psychological, physical and economic perspectives.

It has also been cogently argued that health services research should be concerned with the evaluation of the health sector in the broadest sense, and not limited to health services alone (Hunter and Long 1993).



Quality Assurance Corner

Quality Assurance vs. Quality Control: A Brief Breakdown

(Jason March, <https://www.qualio.com/blog/quality-assurance-vs-quality-control>, February 24, 2022)

What is quality assurance (QA)?

Quality assurance is a subset of quality management. QA involves a set of activities and procedures occurring in a higher education that helps ensure high-quality graduates. QA includes team members, staff and students from across the organization discussing, planning and executing tests to validate product quality.

QA establishes policies and procedures that affect the entire higher education institution. Additionally, QA requires adherence to standards defined by the higher education institution as well as any applicable technical standards, such as [ISO 9001](#), [14001](#), and [21001](#).

What is quality control (QC)?

Quality control is the inspection phase of quality assurance. It's a series of test procedures used to verify that a product is safe and effective after mass production.

Quality Assurance vs. Quality Control: 5 Differences

1. Proactive (QA) vs. Reactive (QC)

[Effective quality assurance](#) is proactive. It aims to prevent defects before they occur through process design. QC is reactive and exists to identify defects in the quality of products after they have happened.

QA involves the design of processes, such as documenting standard operating procedures (SOPs) according to ISO 9000 standards. A safe, effective product should be the result every time processes are followed. QC involves the testing of products to ensure they meet standards for safety and efficacy. If QC

testing uncovers quality issues, it should result in reactive steps to prevent an unsafe product from being shipped and distributed.

Ideally, QC issues should also spark a QA review. Non-conforming test results should result in corrective and preventive action (CAPA) investigation to determine the root cause of quality issues and update processes to prevent the problem from happening in the future.

2. Process (QA) vs. Product (QC)

QA is process-oriented, and it focuses on preventing quality issues. QC is product-oriented and focused on identifying quality issues in manufactured products that could affect customer satisfaction. Another way to understand this distinction is actions vs. results. QA involves the actions which create the product, while QC is focused on the resulting product. Several ex-

[Cont'd on page 7](#)

Quality Assurance vs. Quality Control...

Cont'd from page 6

amples of each type of activity are detailed below.

QA Processes:

- Documentation
- Audits
- Supplier management
- Personnel training
- Change control
- Investigation procedures
- **QC Procedures:**
- Batch inspection
- Product sampling
- Validation testing
- Laboratory testing
- Software testing

3. System (QA) vs. Parts (QC)

Quality assurance control systems are the methods and procedures which are used to safeguard quality standards. Quality control systems measure parts, including the outputs of the system.

QC efforts may also be focused on parts used to create the final product, such as raw materials

from a supplier. The QA system for quality management may dictate various activities to make sure inputs are consistently safe and effective, such as auditing suppliers and batch sampling raw materials.

4. Creation (QA) vs. Verification (QC)

The result of QA activities is a roadmap for creating high-quality products. It involves defining standards for product design, manufacture, packaging, distribution, marketing, and sales.

QC involves verification of products post-manufacture and before distribution, or confirming safety and efficacy.

5. Entire Team (QA) vs. Dedicated Personnel (QC)

Quality assurance activities involve the entire team. Every member of a life sciences organization is responsible for QA activities by following SOPs. While the quality management system (QMS) is generally the responsibility of the quality unit and the leadership

team, QA activities involve standards for training, documentation, and review across the workforce.

- QC is generally the responsibility of certain personnel within the organization whose duties include following SOPs for product testing. QC staff follow SOPs for quality control and document their findings based on standardized procedures for product testing and process validation. *Modelling social behaviour Establishing own identity.* (Goodyear et al., 2001, p. 70)



Phone: +251 911 14 70 23
+251 911 66 30 41
+251 115 50 11 99

Email: africollege@amc.edu.et

P.O. Box: 13025

Website: www.amc.edu.et

Address: Ras Mekonnen
Ave. Infront of Ad-
dis Ababa Stadi-
um, Yeha City Cen-
ter, Addis Ababa

Africa Medical College Scores Extremely Well ...in Exit Examination

Cont'd from page 2

students outperform those other students in other private higher education institutions.



“Committed to academic excellence and cultural diversity”