

Brief Communication

Accreditation Is It a Fashion or Necessity?

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الاعتماد الأكاديمي هل هو موضة أم ضرورة ؟

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قسم الجراحة- كلية الطب- جامعة أم القرى- مكة المكرمة- المملكة العربية السعودية مستشفى النور التخصصي- مكة المكرمة

الملخص العربي

الهدف الرئيسي من هذه الورقة هو التقديم لمفهوم الاعتماد الأكاديمي لكليات الطب. ناقشنا أهمية الاعتماد الأكاديمي و التعريف والأعراض، والفوائد ومعايير وإجراءات اعتماد المؤسسات الطبية. مع خارطة طريق الاعتماد الأكاديمي لكونه ضرورة وتطرقنا باختصار لبعض القضايا للنقاش بشأن اعتماد المؤسسات الطبية وفقا للمعايير القياسية العالمية وذلك لكون أهمية التعليم الطبي وتنطوي هذه الورقة في مضمونها العام على التطوير والتحديث لمبدأ الاعتماد الأكاديمي ومبادئ ضمان جودة التعليم والاعتماد.

ABSTRACT

It is argued that accreditation is one of the influential mechanisms for assessing the performance of healthcare organizations and improving the quality and safety of healthcare services. Its aim is to encourage continuous improvement of quality rather than simply maintaining minimal levels of performance. It is also described as the public recognition emanating from the achievement of specific standards by a health care which is demonstrated after an independent external assessment of the organization's performance. Accreditation process involves evaluating programs in light of their own training models and goals and judging the degree to which a program has achieved those goals and objectives. It is the processes by which the programme's outcomes should be reached; rather it evaluates a programme's success in achieving outcomes and goals that are consistent with its stated mission (including religious mission, if relevant). Accreditation is viewed as an important process in the continuing development of quality health service management curricula and preparing competent practitioners for the health care field.

Introduction and Background

Medicine is becoming increasingly globalized, as manifested by the worldwide growth in the number of medical schools.¹ Presently, as of 2010, there were 2,200 recognized and operating medical schools (public and private) in 177 countries or territories listed in the International Medical Education Directory (IMED).² Within this listed medical institutes, more than 300 located in the 22 countries of EMRO region. Relatively little is known about the characteristics or the quality of these institutions. In a world with this expansion in medical schools and rapidly changing technology, certifying an adequate process of education is challenging.

There is significant variation in the structure and quality of undergraduate medical education around the world. Their graduates are educated in countries with diverse educational systems, including variations in teaching traditions, curricular models, instructional methods, clinical opportunities, assessment principles, and available resources³. A rising urgency of accountability and accreditation for medical education developed in the late 20th century, also as a result of individuals and societal expectations with the rise in the numbers of physicians who migrate from their native countries to other parts of the world for medical education and graduate training opportunities. Accreditation is viewed as an important process in the continuing development of quality health service management curricula and preparing competent practitioners for the health care field⁴. The need for starting this process has come both from a self felt requirement of the rapid growth of medical schools and an external initiative.⁵

Along with global expectations the concept of accreditation is becoming a necessity and important issue for learners, educators, regulatory bodies and the public in general. Accreditation processes can encourage institutional improvement and help promote high-quality education experiences.^{6,7}

What is accreditation and what its purpose?

Accreditation is a process by which a group of peers and medical education experts systematically review every facet of a medical institution programme and its contributing elements, and determine whether the quality of the education provided to the students meets the high standards expected. It is a procedure by which an authoritative body gives formal recognition that a body or person is competent to carry out specific tasks⁸. Accreditation is also known as a process of quality assurance aiming to foster programme improvement and continuously upgrade the educational and service quality. It is fundamental to be based on standards which is a statement of excellence, developed by peers, against which conformity of the agency is evaluated. The standards for accreditation are set by a peer review board whose members include faculty from various accredited colleges and universities and perhaps accredited bodies. These standards can be international, regional, national or sub-national (in countries with large numbers of medical schools).⁹

The basic characteristics of accreditation its prevailing sense of volunteerism but strongly recommended, strong tradition of self-regulation, reliance on evaluation techniques and primary concern with quality.

Purpose and benefits of accreditation:

An important factor in realizing a successful career is choosing a reputable institute. Institutes that have been through the accreditation process are more likely to offer degrees those employers, clients and recruiters recognize. By accreditation the institute will: ensure the accountability of educational institutions and provide public confidence in educational processes. Also institutional strengths can be identified, and strategies can be put in place to ensure strengths are maintained. Any problems or issues requiring action can be addressed. Accreditation decisions are usually limited to a fixed and stated period of time, after which the institution or programme is required to engage with a more or less rigorous re-accreditation process.¹⁰

Types of Accreditation:

Two recognized types:

- 1- Institutional accreditation: Most accreditation is institutional, meaning an entire college is accredited. This gives credibility to the college as a whole. This type of accreditation can be given by either a “regional accreditation agency” or a “national accreditation agency.”
- 2- Specialized and programmatic accreditation: Certain specialized professional programs are accredited independently of their parent institution. There are specialized accrediting bodies for these programs.

What is the difference between program accreditation and institutional accreditation?

Program Accreditation: refers to the accreditation of academic courses such as liberal arts, sciences, education, commerce, law, engineering, nursing, etc.

Institutional Accreditation: refers to the accreditation of the school, college, universities or institution as a whole. Only when all the programs of an institution are accredited may that particular institution be considered an accredited institution.

Road map and accreditation process:

The accreditation process requires educational programs to provide assurances that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training, and that serve as the foundation for life-long learning and proficient medical care. In order for potential institute to proceed with the accreditation process smoothly, they must meet the general standards set by the peer review accreditation and other accepted global rules for accreditation. Each institute is typically assessed using the following pathway: First of all the institute should be legible for accreditation and evaluated in terms of the appropriateness and adequacy of:

- Mission, objectives and Goals.
- Student Requirements for Admissions.
- Services Available to Students.
- Quality of Education.
- Reputation of Faculty.

Necessity of accreditation:

Most of us if not all have learned important material from unaccredited programmes over the course of our career. This is not to say that so called unaccredited programmes do not have educational value.

But on the regional and global movement of health professionals, the complexity of international labour markets and trade agreements make render such procedure as accreditation as a mandatory element of any educational program.. In addition, the demands of different regulatory bodies for well defined graduates competences, safe doctors and fitness-to-practice add much pressure on all health professionals' education institutes and governments to start initiating and sustaining national and institutional systems of accreditation as soon as possible. All these factors began to pressure institutions to prove their worth in clear ways.

CONCLUSION

The accreditation is expected to help today doctors to cope with the explosion in medical and scientific knowledge and technologies by acquiring the abilities of lifelong self learning.¹¹

For institution accreditation is expected to initiate and promote culture of external evaluation and self-review, and to assist in resource mobilization. With globalization (manifested by expansion in trade in health services accreditation and in numbers of migrating doctors) can be a tool for international recognition and categorization of medical schools.¹²

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A Case Report

CONGENITAL EPULIS: A CASE REPORT

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الورم اللثوي الخلقي: تقرير حالة

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الملخص العربي

يعد الورم اللثوي الخلقي أو ورم نيومان أو الورم الحبيبي الخلقي لحدِيثِي الولادة من الأورام النادرة التي تنشأ من خلايا حرف اللثة وهو ورم حميد يحدث في حديثي الولادة بنسبة 1:9 (الاناث:الذكور). نوجز هنا حالة مسجلة لورم لثوي خلقي بالجانب الأيسر لحرف الفك العلوي لطفلة سعودية تبلغ من العمر ثلاث أيام لاحظت والدتها صعوبة الرضاعة والتغذية الفمية دون انسداد في التنفس تم استئصاله جراحياً بنجاح - تم التأكد لطبيعة الورم بالتشخيص النسيجي كما قمنا بعرض الأدب الطبي لهذه الأورام عند حديثي الولادة مع عرض وسائل التشخيص ونسبة حدوثه مع الاهتمام بالتشخيص التفريقي

ABSTRACT

Congenital epulis, Neumann's tumor or congenital granular cell tumor (CGCT), of the newborn is a rare gingival tumor that occurs along the alveolar ridge. This benign condition, seen more frequently in females, with multiple Epuli occurring in only 10% of cases. In this article we present a case report of an otherwise healthy Saudi female neonate with congenital epulis noticed at birth on the left anterior maxillary ridge interfering with feeding and was not cause any respiratory obstruction. We also present a review of the literature and an estimation of the incidence of Congenital Epulis of 0.006% is reported.

INTRODUCTION

Medicine The term congenital epulis of the newborn refers to a rare gingival tumor that most commonly occurs along the alveolar ridge of the maxilla in newborn. Congenital epulis is a rare lesion found on the alveolar process of a newborn child, diagnosed soon after birth. Usually without associated abnormalities of the teeth or additional congenital malformations. The characteristic features of congenital epulis are a pedunculated, flesh-pink coloured tumour with a predominant occurrence on the anterior maxillary alveolar ridge in a female newborn⁸ depend on their size they interfere with normal feeding and potentially compromise airway and respiration. The lesion has a site predilection for the anterior maxillary alveolar process and a 9:1 sex predilection for females. Once diagnosed the traditional management of the lesion has been surgical excision under general anesthesia.

Neumann is credited in documenting the first case congenital epulis. In 1871 he described a red smooth-surfaced bilobed tumor resembling a polyp that was attached by a stem to the gums on the left jaw's upper edge of a normally built/shaped newborn. He portrayed the tumor as being composed of large coarse-grained cells with numerous blood vessels that was separated from the overlying oral mucosa by a loosely defined boundary¹. Since then, multiple cases have been reported, primarily in the pathologic, dental, and otolaryngologic literature 2-4. Two recent articles in the otolaryngologic literature report the in utero sonographic findings of larger lesions. In one case, the patient had hydramnios; in the other case, the authors also describe the postnatal computed tomographic (CT) findings.^{3,4} It is normally diagnosed at birth, but there are some cases in which diagnosis can be made on the third trimester pre-natal.⁵ The recommended treatment for congenital epulis is prompt surgical excision due to interferences with feeding, respiration or adequate closure of the mouth.⁶ Although some cases of congenital epulis have been reported in the literature 6, it is important to allow pediatric dentists to be aware of this congenital tumor and its presentation, differential diagnosis, treatment and histopathology.⁷

CASE

A full term newborn Saudi girl, product of uneventful pregnancy to 34 years old mother with history of smoking during the pregnancy (1 pack/day). This newborn noticed at birth to have a soft tissue mass protruding from her mouth. The mass did not seen on antenatal ultrasound which was done on the 32 weeks. At birth the baby weight was 2900g. On examination pedunculated firm mass measure 1 x 1.5 cm, fix to the anterior alveolar ridges toward the

left side with no ulceration or bleeding ,no other oral or congenital abnormality was found, and the adjacent tissues were normal in appearance Fig 1. The mother reported that the baby have feeding problems with no airway obstruction or respiratory distress. Differential diagnosis of teratoma, neuroectodermal tumour, haemangioma and fibroma with a provisional diagnosis of congenital granular cell tumour (CGCT). Nasogastric feeding was instituted and 3 days after birth, the infant was operated on under general anesthesia with oral intubation and cautery was use. Blood loss was insignificant. The area of the resection was left open for closure by secondary intention Fig 2. Uneventful post operative course,patient start oral feed in first post operative day and discharged on the second post operative day, the gingiva re-epithelized completely within 2 days Fig 3. Histopathology examination of the tumor confirmed the diagnosis of a congenital GCT,



Figure 1. PRE-OPERATIVE

Smooth, pink-colored soft tissue mass on the alveolar ridge to the left of the alveolar ridge, with no other anomalies could be observed.



Figure 2. POST - OPERATIVE
Immediate post operative appearance, showing good haemostasis and cosmesis.



Figure 3. Post-operative clinical image 8 months after surgery. vivid looking .

DISCUSSION

Congenital epulis has been reported with an 9:1 female and 3:1 maxillary alveolar site predilection, with a Caucasian predisposition.⁸ Zucker and Buenecha found only 167 cases reported before 1993-9. Some antenatal events have been described associated with CE. Pellicano et al.¹⁰ have reported that the tumor may obstruct the fetal mouth and cause polyhydramnios, a medical condition describing an excess of amniotic fluid in the amniotic sac. Post-natally, feeding and respiration problems and also interference with mouth closure have been reported.¹¹ In the present case, the lesion was not interfering with feeding and breathing, which could be attributed to lesion size, as already described by Kannan and Rajesh.¹² It is important to stress that clinicians should know differential diagnoses of growths in the oral cavities of newborns, including hemangioma, lymphangioma, fibroma, granuloma, rhabdomyosarcoma and osteogenic and chondrogenic sarcomas, as treatment modalities will be different for each case.^{2,13} In the present case, the clinical diagnosis of congenital epulis was further confirmed by the histopathology of the fibrotic mass removed from the patient, which showed a stratified squamous mucosa and a prominent branching fibrovascular network. In our case, the lesion was interfering with feeding and was not interfering with breathing, which could be attributed to lesion size, as already described by Kannan and Rajesh.¹² Our case, is not associated with any other congenital abnormalities. Perhaps our case has an atypical presentation of a CE, which is a female Caucasian neonate diagnosed with a pedunculated mass in the maxillary alveolar ridge. In our case the tumor was not diagnosed by ultrasound on the 25th week of gestation, suggesting that it may have developed later. There have been reports of prenatal diagnosis and in those cases, in which the tumor was detected late in gestation.¹⁴ The treatment adopted in this case was the surgical excision under general anesthesia, using cautery as cutter and haemostatic measures. It is important to stress that clinicians should know differential diagnoses of growths in the oral cavities of newborns, including teratoma, hemangioma, lymphangioma, fibroma, granuloma, rhabdomyosarcoma and osteogenic and chondrogenic sarcomas, as treatment modalities will be different for each case, and team work is mandatory. The presentation of congenital epulis can be impressive due to size and appearance, although in our case the lesion was relatively small, a considerable apprehension by the mother observed. Therefore, surgical intervention should be performed as soon as possible to benefit both infant and family well-being.

CONCLUSION

CGCT is relatively common in Caucasia newborns but appears to be much less common in colored or black newborns, and the occurrence of more than one lesion is rare. The tumor is often misdiagnosed and cause anxiety to the family and pediatrician. The family of an infant with CGCT should be assured of the benign nature and the simple early excision is the treatment of choice for this condition with good cosmetic result. Recurrences of the tumor and damage to future dentition have not been reported, suggesting that radical excision is not warranted. Simple excision of the tumor is the treatment of choice with good cosmetic result.

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State the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported. Clearly mention the objective(s) of the study in this section without any sub-heading.

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Acknowledgements

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and the function or contribution described.

References

References should be cited in the Vancouver style in consecutive numerical order at first mentioned in the text and designated by the reference number in superscript. References appearing in a table or figure should be numbered sequentially with those in text.

Vancouver style of references:

Snowdon J. Severe depression in old age. *Medicine Today*. 2002 Dec;3(12):40-47.

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